

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20360

FILED
Apr 30, 2009
Secretary of State

Entity Name: MYSTERY PARK ARTS COMPANY, INC.

Current Principal Place of Business:

751 EUCLID AVENUE
STE 2
MIAMI BEACH, FL 33139 US

Current Mailing Address:

751 EUCLID AVENUE
STE 2
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

751 EUCLID AVE
STE 2
MIAMI BEACH, FL 33139 US

New Mailing Address:

2100 WASHINGTON AVE
MIAMI BEACH, FL 33139 US

FEI Number: 13-3462092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIEVMAN, CARSON DR
751 EUCLID AVENUE
STE 2
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIEVMAN, CARSON PHD
Address: 751 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ST () Delete
Name: NEEDLE, MARK D LLD
Address: 914 LENOX AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GELFAND, JACK PHD
Address: 4 STANWORTH LANE
City-St-Zip: PRINCETON, NJ 08544

Title: D () Delete
Name: MAHL, CHARLES M.D.
Address: 1455 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: NEEDLE, MARK D LLD
Address: 914 LENOX AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: UNGER, RON CPA
Address: 666 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Change (X) Addition
Name: COOPER, LESLIE
Address: 1691 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARSON KIEVMAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date