

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 14 1998 8:00am  
Secretary of State

DOCUMENT # S25389 (5)  
1. Corporation Name  
PERFORMING ARTS MANAGEMENT OF NORTH MIAMI, INC.



Principal Place of Business  
930 WASHINGTON AVENUE  
FIFTH FLOOR  
MIAMI BEACH FL 33139

Mailing Address  
930 WASHINGTON AVENUE  
FIFTH FLOOR  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0245800	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRASSNER, BRAD L 930 WASHINGTON AVE., 5TH FLOOR MIAMI BCH. FL 33139		10. Name and Address of New Registered Agent	
81	Name	ROBERT G. KREUSLER	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	930 WASHINGTON AVE., 5TH FLOOR	
84	Zip	85	Zip Code
	MIAMI BEACH	FL	33139

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Robert G. Kreusler DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACK, RICHARD	1.2 NAME	
STREET ADDRESS	461 SE 15TH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	COO P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASSNER, BRAD L	2.2 NAME	
STREET ADDRESS	2040 N. BAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	✓	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHABY, STEVEN	3.2 NAME	
STREET ADDRESS	930 WASHINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, LEE	4.2 NAME	
STREET ADDRESS	199 East GARFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA, OH	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN CHABY 7-8-98 305-532-1566

CR2E034 (5/98)