


ANNUAL REPORT**FILED****Apr 14, 2006 08:00 AM**
Secretary of State

DOCUMENT # P01000049446 1. Entity Name PERFORMING ARTS MEDIA CENTER, INC.	
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Principal Place of Business 180 ISLAND DRIVE KEY BISCAYNE, FL 33149	Mailing Address 180 ISLAND DRIVE KEY BISCAYNE, FL 33149
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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0023881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DRIVE KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MIYASHIKI, EVA 180 ISLAND DRIVE KEY BISCAYNE, FL 33149
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04/29/06-80003-003 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO MARTINEZ- C.

Date

4/4/06 (305) 576-7800

Daytime Phone #