

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N10746

**Entity Name:** MIAMI CITY BALLET, INC.

**Current Principal Place of Business:**

2200 LIBERTY AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2200 LIBERTY AVE  
MIAMI BEACH, FL 33139

**FEI Number:** 59-2578534

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PRUITT, JONAH III  
2200 LIBERTY AVE  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name KRONICK, SUSAN D  
Address 5959 COLLINS AVENUE  
APT. #1106  
City-State-Zip: MIAMI BEACH FL 33140

Title EXECUTIVE DIRECTOR  
Name HAGERTY, DAN  
Address 2200 LIBERTY AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name CODINA BARLICK, ANA-MARIE  
Address 135 SAN LORENZO AVENUE, SUITE  
750  
City-State-Zip: CORAL GABLES FL 33146

Title CFO  
Name PRUITT, JONAH III  
Address 2200 LIBERTY AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title T  
Name ESSERMAN, RONALD E  
Address 10455 NW 12TH ST  
City-State-Zip: MIAMI FL 33172

Title D  
Name SHULTZ, MICHAEL  
Address 2830 LONG MEADOW DR.  
City-State-Zip: WELLINGTON FL 33414

Title ARTISTIC DIRECTOR  
Name LOPEZ, LOURDES  
Address 2200 LIBERTY AVE  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONAH PRUITT, III

**CFO**

**11/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date