

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001272

**Entity Name:** ISLAND CITY STAGE, INC.

**Current Principal Place of Business:**

2304 N DIXIE HWY  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2304 N DIXIE HWY  
WILTON MANORS, FL 33305 US

**FEI Number:** 45-4264114

**Certificate of Status Desired:** No

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

CHILDERS, MARTIN  
2304 N. DIXIE HWY  
WILTON MANORS, FL 33305 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:** MARTIN CHILDERS

01/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURGOS, ANGEL  
Address        325 NE 25TH STREET  
City-State-Zip: WILTON MANORS FL 33305

Title            SECRETARY  
Name            WALKER, JIM  
Address        1600 NE 64TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33334

Title            DIRECTOR  
Name            ROGOW, ANDREW  
Address        1001 NE 34TH COURT  
City-State-Zip: OAKLAND PARK FL 33334

Title            DIRECTOR  
Name            LOVELLO, PETER  
Address        8801 SW 100 ST  
City-State-Zip: KENDALL FL 33176

Title            TREASURER  
Name            HART, TIM  
Address        2929 EAST COMMERCIAL  
                 BOULEVARD PH-D  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            KARLIN, RICK  
Address        1517 NE 1ST AVE.  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            DIRECTOR  
Name            SHAPIRO, HARVEY  
Address        2316 NW 7TH AVE.  
City-State-Zip: WILTON MANORS FL 33311

Title            VP  
Name            CLEARWATER, SCOTT  
Address        2824 NE 24TH CT  
City-State-Zip: FORT LAUDERDALE FL 33305

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*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:** ANGEL BURGOS

PRESIDENT

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FERBER, LARRY  
Address 1950 N. ANDREWS AVE #219D  
City-State-Zip: WILTON MANORS FL 33311

Title DIRECTOR  
Name ED, HASHEK  
Address 4100 GALT OCEAN DR  
911  
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR  
Name ANDY, FISCHMAN  
Address 2840 S OAKLAND FORREST DR.  
2404  
City-State-Zip: OAKLAND PARK FL 33309

Title DIRECTOR  
Name JEFF, SACKS  
Address 2156 NE 63RD ST  
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR  
Name WILDER, SUE  
Address 333 SUNSET DRIVE  
APT 503  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name LORENZO, ROBERTSON  
Address 11670 NW 56TH DRIVE  
109  
City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR  
Name MARK, FOX  
Address 1240 NE 24 TH STREET  
3210  
City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR  
Name BARBARA, SIMMONDS  
Address 3850 WASHINGTON ST  
501  
City-State-Zip: HOLLYWOOD FL 33021