

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012735

**Entity Name:** BROADWAY GENESIS LLC**Current Principal Place of Business:**1010 NORTH MACINNES PLACE  
TAMPA, FL 33602**Current Mailing Address:**1010 NORTH MACINNES PLACE  
TAMPA, FL 33602 US**FEI Number:** 27-1862461**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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**Authorized Person(s) Detail :**

Title MGRM  
Name TAMPA BAY PERFORMING ARTS  
CENTER, INC.  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name SHIMBERG, MANDELL  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name MARSHALL, GENE  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title CAFO  
Name ROSSI, MARY BETH  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name SILBIGER, MARTIN L  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name SCHER, DAVID  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name WEST, BILL  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name MEZER, STEVE  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY BETH ROSSI**CHIEF ADMINISTRATIVE AND FINANCIAL OFFICER** 04/25/2018\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MGR  
Name LEVINE, BARRY  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name KIRKLAND, JACK  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602

Title CEO  
Name LISI, JUDITH  
Address 1010 NORTH MACINNES PLACE  
City-State-Zip: TAMPA FL 33602