

2023 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 SCHER, DAVID
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 LEVINE, BARRY
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 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

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

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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 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 FINANCIAL OFFICER** 01/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MGR
Name	LEVY, STANLEY I
Address	1010 NORTH MACINNES PLACE
City-State-Zip:	TAMPA FL 33602