

ORIGINAL

030541-TC
CK 27580
\$100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):
The Raymond F. Kravis Center for the Performing Arts, Inc.

2. Name under which applicant will do business (fictitious name, etc.):
as above

3. Official mailing address:
Street: 701 Okeechobee Blvd
P.O. Box: _____
City: West Palm Beach
State: FL Zip: 33401

4. Florida address:
Street: same
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
() Individual
 Corporation
() General Partnership
() Limited Partnership
() Other: _____

DEPOSIT DATE
D362 JUL 07 2003

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: 763790

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1
OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
05964 JUL-78
FPSC-COMMISSION CLERK