2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am **DOCUMENT # 711080 Secretary of State** 1. Entity Name 03-13-2002 90111 046 ****61.25 SPANISH LYRIC THEATRE, INC. Principal Place of Business Mailing Address 2019 SAPE HARBOR DR 2819 SAFE HARBOUR DR **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-7009336 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, RENE J 2819 SAFE HARBOR DR **TAMPA FL 33618** Zip Code City 8. 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 AND STATE OF THE STAT Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01)TITLE ☐ Change Addition TITLE ☐ Delete NAME VINA, JOHN NAME **CR2E037** STREET ADDRESS STREET ADDRESS 5218 EL TORO ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 Cindy Rodriques 5925 Ross Creek Rd Change ☐ Addition Delete TITLE TITLE NAME BISHOP, BOB NAME STREET ADDRESS STREET ADDRESS 9307 HAMPSHIRE PARK DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Addition TITLE Delete TITLE: VIDAL, CARLOS M NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 1921 CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL 33564 ☐ Change ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ, CINDY NAME NAME STREET ADDRESS 5925 ROSS CREEK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 Wadley, Marilyn SD Change Change ☐ Addition TITLE TITLE ☐ Delete WALDEN, MARILYN NAME a are El NAME STREET ADDRESS Archin (6402 OLYMPIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** Vivero, Jose P.O. Box 17704 Tampa, FL 33682 Change □ Addition TITLE Delete TITLE ECHEZABAL, HENRY NAME NAME 108 COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

February 20, 2002 (813)884.5/54