

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90271 028 ****61.25

DOCUMENT # 717796
 1. Entity Name
THEATRE JACKSONVILLE, INC.

Principal Place of Business Mailing Address
2032 SAN MARCO BLVD **2032 SAN MARCO BLVD**
JACKSONVILLE FL 32207 **JACKSONVILLE FL 32207**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-0718493 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HEMPHILL, DAVID M
4223 VENTIA BLVD.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ROGERS, KARL | |
| STREET ADDRESS | 3849 VALENCIA RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KNAUER, DEBORAH | |
| STREET ADDRESS | 4323 MCGIRTS BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, ROBERT | |
| STREET ADDRESS | 1278 TALBOT AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| TITLE | M | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, ROBERT A | |
| STREET ADDRESS | 1278 TALBOT AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HEMPHILL, DAVID | |
| STREET ADDRESS | 4223 VENETIA BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRAREN, LISA | |
| STREET ADDRESS | 1861 INGLESIDE AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUG BROWN | |
| STREET ADDRESS | 3619 VALENCIA ROAD | |
| CITY-ST-ZIP | JACKSONVILLE, FL | |
| TITLE | M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARAH BOONE | |
| STREET ADDRESS | 1815 VAN WERT AVE #4 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 | |
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2222 LARCHMONT ROAD | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | |

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: Sarah Boone SARAH BOONE 4/21/01 904-396-4125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)