

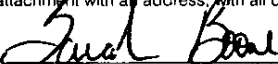


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90050 026 \*\*\*\*61.25

<b>DOCUMENT # 717796</b>					
1. Entity Name THEATRE JACKSONVILLE, INC.					
Principal Place of Business 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207			Mailing Address 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0718493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANE, LINDA C 2358 RIVERSIDE AVE, #202 JACKSONVILLE, FL 32204			Name <b>TONI L. PHILIPS</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>11667 JONATHAN ROAD</b>		
			City <b>JACKSONVILLE</b>		FL Zip Code <b>32225</b>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>4/17/07</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEA, MICHAEL		NAME		
STREET ADDRESS	2537 HOLLY PT E		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, TONI		NAME		
STREET ADDRESS	11667 JONATHAN RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, VALERIE		NAME		
STREET ADDRESS	1793 CARSDIE DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, SARAH		NAME		
STREET ADDRESS	1815 VAN WERT AVE #4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, MARK		NAME	SALLY LARCIN HALL	
STREET ADDRESS	2554 BEAUTY BERRY CIR W		STREET ADDRESS	135 CUELLO COURT, #101	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, LINDA		NAME	CINDY DELAPORTE	
STREET ADDRESS	2358 RIVERSIDE AVE, #202		STREET ADDRESS	413 KENTUCKY BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			DATE: <b>4/17/07</b> DAYTIME PHONE: <b>904-396-4425</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		