


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-01-2003 90316 016 ****61.25

DOCUMENT # 717796
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**

55046069

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

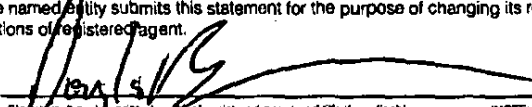
4. FEI Number **59-0718493** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
Name **DOUG BROWN**
Street Address (P.O. Box Number is Not Acceptable)
3619 VALENCIA ROAD
City **JACKSONVILLE** FL Zip Code **32205**

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 **4/27/03**

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


FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** 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 NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, KARL 3849 VALENCIA RD JACKSONVILLE FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENTRY, CAROLYN 6338 SAN JOSE BLVD. W. JACKSONVILLE FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DOUG 3619 VALENCIA ROAD JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOONE, SARAH 1815 VAN WERT AVE #4 JACKSONVILLE FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMPHILL, DAVID 4223 VENETIA BLVD JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISA ROWE 236 W. 4th ST. JACKSONVILLE, FL. 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAREN, LISA 2222 LARCHMONT ROAD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL BHITE 13510 MANDARIN RD JACKSONVILLE, FL 32202

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 files empowered.

SIGNATURE:  DATE **4/27/03** PHONE **904.396-4425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/02)