
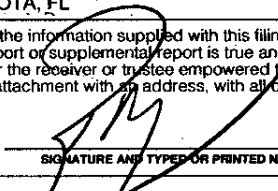


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 016 ****70.00

DOCUMENT # 728238							
1. Entity Name FLORIDA STUDIO THEATRE, INC.							
Principal Place of Business 1241 N PALM AVE SARASOTA, FL 34236			Mailing Address 1241 N PALM AVE SARASOTA, FL 34236				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number NOT APPLICABLE			
Zip		Zip		Country			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
PATTERSON, JOHN 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBINSON, R K		NAME	Bradley H. Goddard			
STREET ADDRESS	500 S PALM AVENUE APT 92		STREET ADDRESS	1819 Main St., Suite 230	Sarsota, FL		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	34236			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, FRANK FOLSOM		NAME	Kate Alexander			
STREET ADDRESS	330 S. PINEAPPLE		STREET ADDRESS	1241 N. Palm Avenue			
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	Sarasota, FL 34236			
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURDICK, RICHARD		NAME	Jennifer Saslaw			
STREET ADDRESS	2445 EAST OREGON AVENUE		STREET ADDRESS	541 Norsota Way			
CITY-ST-ZIP	PHOENIX, AZ 85016		CITY-ST-ZIP	Sarasota, FL 34242			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAYES, TOM		NAME	John Patterson			
STREET ADDRESS	1812 MANATEE AVENUE		STREET ADDRESS	46 N. Washington Blvd., Suite 1			
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	Sarasota, FL 34236			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGILLICUDDY, DENNIS		NAME				
STREET ADDRESS	5111 OCEAN BLVD		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPKINS, RICHARD		NAME				
STREET ADDRESS	1241 N PALM AVE		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP				
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: 		Richard Hopkins		4/4/04 (941)366-9017			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			