


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90011 028 \*\*\*\*70.00

**DOCUMENT # 728238**  
 1. Entity Name  
**FLORIDA STUDIO THEATRE, INC.**



Principal Place of Business Mailing Address  
**1241 N PALM AVE** **1241 N PALM AVE**  
**SARASOTA FL 34236** **SARASOTA FL 34236**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
**23-7362760-** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD., SUITE 1**  
**SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

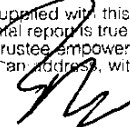
10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, FRANK FOLSOM	
STREET ADDRESS	330 S. PINEAPPLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, KATE	
STREET ADDRESS	1241 N PALM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYES, TOM	
STREET ADDRESS	1812 MANATEE AVENUE	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGILLICUDDY, DENNIS	
STREET ADDRESS	5111 OCEAN BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOPKINS, RICHARD	
STREET ADDRESS	1241 N PALM AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Michell Saslaw	
STREET ADDRESS	541 Norsota Way	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Buchanan	
STREET ADDRESS	5346 Everwood Run	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara J. Lupoff	
STREET ADDRESS	472 Meadowlark Drive	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Joels	
STREET ADDRESS	4720 Harvest Bend	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, Vice President** **4/4/08**