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

DOCUMENT # 730568

1. Entity Name



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91830 012 ****61.25

FILED

KALEIDOSCOPE THEATRE, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 526 P.O. BOX 526 LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 51-0192637 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBSTER, MARGARET S Street Address (P.O. Box Number is Not Acceptable) 3182 WOODVALLEY RD PANAMA CITY FL 32405 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. MARGARET 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE ☐ Change ☐ Addition WEBSTER, JOHN NAME NAME 3182 WOODVALLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP + PANAMA CITY FL 32405 CITY-ST-7IP Change Addition TITLE Delete ANDERSON, ROSE MARIE HOFFERT, TRACY 2800 West 30th Ct. 6327 TAMMY LANE STREET ADDRESS STREET ADDRESS Panama-City FL 32405 CITY-ST-ZIP CITY-ST-ZIP? PANAMA CITY FL-32404 TITLE ☐ Change ☐ Addition ☐ Delete WEBSTER, MARGARET S NAME NAME STREET ADDRESS 3182 WOODVALLEY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition TITLE Delete TITLE PAM Rudloff ANDERSON, ROSE MARIE NAME NAME 2901 Fairment Dr. 2800 WEST 30TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 PANAMA CITY FL 32405 SD TITLE ☐ Delete TITLE Change Addition CARTER, LOIS NAME NAME STREET ADDRESS 112 ALABAMA AVE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

850-769-6996