

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2004
Secretary of State**

DOCUMENT# 756878

Entity Name: RED BARN ACTORS' STUDIO, INC.

Current Principal Place of Business:

319 DUVAL STREET REAR
P. O. BOX 707
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

319 DUVAL STREET REAR
P. O. BOX 707
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2214641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MARILYN
3625 FLAGLER
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAWKINS, JOY,
Address: 1304 SEMINARY
City-St-Zip: KEY WEST FL,

Title: STD () Delete
Name: MCDONALD, MARILYN,
Address: 3625 FLAGLER
City-St-Zip: KEY WEST FL,

Title: PD () Delete
Name: MCDONALD, GARY,
Address: 3625 FLAGLER
City-St-Zip: KEY WEST FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MCDONALD

TREA

01/23/2004

Electronic Signature of Signing Officer or Director

_____ Date