

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 18, 2009  
Secretary of State**

DOCUMENT# 756878

Entity Name: RED BARN ACTORS' STUDIO, INC.

**Current Principal Place of Business:**319 DUVAL STREET REAR  
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**BOX 707  
KEY WEST, FL 33041**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: GRAHL, MICHELE  
Address: 226 GOLF CLUB DRIVE  
City-St-Zip: KEY WEST, FL 33040Title: T ( ) Delete  
Name: MOLLOT, IRWIN  
Address: 2912 STAPLES  
City-St-Zip: KEY WEST, FL 33040Title: PD ( ) Delete  
Name: RUSS, STEVE  
Address: 3220 RIVIERA  
City-St-Zip: KEY WEST, FL 33040 USTitle: S ( ) Delete  
Name: WORKS, KIM  
Address: 820 LOGGERHEAD LANE  
City-St-Zip: SUGARLOAF SHORES, FL 33040 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: TD (X) Change ( ) Addition  
Name: MOLLOT, IRWIN  
Address: 2912 STAPLES  
City-St-Zip: KEY WEST, FL 33040Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: SD (X) Change ( ) Addition  
Name: WORKS, KIM  
Address: 820 LOGGERHEAD LANE  
City-St-Zip: SUGARLOAF SHORES, FL 33040 USTitle: D ( ) Change (X) Addition  
Name: HAWKINS, JOY  
Address: 1328 SEMINARY ST  
City-St-Zip: KEY WEST, FL 33040Title: D ( ) Change (X) Addition  
Name: MCDONALD, GARY  
Address: 3625 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

D

05/18/2009

Electronic Signature of Signing Officer or Director

Date