2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 762121

Entity Name: FANTASY THEATRE FACTORY, INC.

Current Principal Place of Business:

7069 SW 47TH ST
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7069 SW 47TH ST
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 59-2230097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARGULIS, STEPHEN
841 SW 72ND AVE
PLANTATION, FL 33317 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:	D	( ) Delete
Name:	MARGULIS, STEPHEN,	
Address:	841 SW 72ND AVENUE	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	D	( ) Delete
Name:	MARSH, CHRIS,	
Address:	6890 SW 79TH TERRACE	
City-St-Zip:	MIAMI, FL 33143 US	
Title:	TSD	( ) Delete
Name:	ALLEN, ED,	
Address:	6740 S.W. 75TH TERR.	
City-St-Zip:	MIAMI, FL, FL 33143 US	
Title:	D	( ) Delete
Name:	CASBARRO, JOHN,	
Address:	5532 SW 114TH AVENUE	
City-St-Zip:	COOPER CITY, FL 33330 US	
Title:	DP	( ) Delete
Name:	SCHULTZ, MIMI,	
Address:	6740 S.W. 75TH TERR.	
City-St-Zip:	MIAMI, FL 33143 US	
Title:	DV	( ) Delete
Name:	REICH, AVA,	
Address:	6524 SW 114TH PLACE UNIT B	
City-St-Zip:	MIAMI, FL 33243 US	

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:	
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 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: EDWARD J. ALLEN TSD 02/03/2009

Electronic Signature of Signing Officer or Director — Date