

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766319

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** POLK THEATRE, INC.

**Current Principal Place of Business:**

121 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

139 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 59-2274522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIKORA, LESLIE A MS  
139 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

SIKORA, LESLIE A  
139 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801 US

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: LESLIE A SIKORA

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: ANDERSON, L I  
Address: 139 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801 US

Title: P  
Name: SIKORA, LESLIE A  
Address: 139 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801 US

Title: VC  
Name: PETCOFF, CORY  
Address: 139 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801 US

Title: T  
Name: PHILIPSON, LYLE  
Address: 139 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801 US

Title: S  
Name: LINK, ASHLEY  
Address: 139 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801 US

I hereby 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 all other like empowered.

SIGNATURE: LESLIE A SIKORA

CEO

04/18/2011

Electronic Signature of Signing Officer or Director

Date