

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002358

FILED
May 25, 2004
Secretary of State**Entity Name:** DEJA VU THEATER PRODUCTIONS INC.**Current Principal Place of Business:**612 WEST EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312**New Principal Place of Business:****Current Mailing Address:**612 WEST EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312**New Mailing Address:****FEI Number:** 01-0650081**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUMMINGS, SHARON
612 WEST EVANSTON CIRCLE
FT. LAUDERDALE, FL 33312**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: P/D () Delete
Name: CUMMINGS, SHARON P/D
Address: 612 WEST EVANSTON CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: T () Delete
Name: JOHNSON-WILLIAMS, TAMIKA T.
Address: 7780 N.W. 78 AVE APT. 214
City-St-Zip: TAMARAC, FL 33321

Title: V/D () Delete
Name: GORDON, CLYDE W V/D
Address: 11500 NW 30TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: JACKSON, FREDERICK S
Address: 3525 INVERRARY DRIVE
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: GRANT, DENNIS D
Address: 6060 SW 7TH ST
City-St-Zip: MARGATE, FL 33068

Title: D () Delete
Name: HINES, SHARI D
Address: 4430 INVERRARY BLVD
City-St-Zip: FT. LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V/D (X) Change () Addition
Name: CUMMINGS, ANDREW W V/D
Address: 612 WEST EVANSTON CIRCLE
City-St-Zip: FT LAUDERDALE, FL 33312

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

Title: D (X) Change () Addition
Name: VASSELL, ALTHIA D
Address: 3345 WEST UNIVERSITY DR.
City-St-Zip: DAVIE, FL

Title: D (X) Change () Addition
Name: BISHOP, CHESTER D
Address: UNIVERSITY DR
City-St-Zip: DAVIE, FL

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: SHARON CUMMINGS

PRES

05/25/2004

Electronic Signature of Signing Officer or Director

Date