

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004142

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: SLM THEATER PRODUCTIONS, INC.

**Current Principal Place of Business:**

7549 DUNBRIDGE DRIVE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

7549 DUNBRIDGE DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 81-0554385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAY, ANDREA  
7549 DUNBRIDGE DRIVE  
ODESSA, FL 33556 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: VPD ( ) Delete  
Name: JARRETT, GEARY  
Address: 11919 KEATING DRIVE  
City-St-Zip: TAMPA, FL 33626 US

Title: SD (X) Delete  
Name: LAY, AMY C  
Address: 1706 WEST FERN STREET  
City-St-Zip: TAMPA, FL 33604

Title: PTD ( ) Delete  
Name: LAY, ANDREA  
Address: 13130 CARROLLWOOD CREEK DR.  
City-St-Zip: TAMPA, FL 33624

Title: VPD ( ) Delete  
Name: REYNOLDS, BRUCE  
Address: 1470 NE 45TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPSD (X) Change ( ) Addition  
Name: JARRETT, GEARY  
Address: 11919 KEATING DRIVE  
City-St-Zip: TAMPA, FL 33626 US

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

Title: PTD (X) Change ( ) Addition  
Name: LAY, ANDREA  
Address: 7549 DUNBRIDGE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VPD (X) Change ( ) Addition  
Name: REYNOLDS, BRUCE  
Address: 923 SAN CARLOS AVENUE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

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: ANDREA LAY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PTD

04/25/2005

\_\_\_\_\_ Date