2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006430

FILED Apr 14, 2005 Secretary of State

Entity Name: THE TAKE HEED THEATER COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 540341 LAKE WORTH, FL 33454 **Current Mailing Address: New Mailing Address:** PO BOX 540341 LAKE WORTH, FL 33454 FEI Number: 35-2234442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUTLER, DON 25 MISTÝ MEADOW DRIVE BOYNTON BEACH, FL 334368938 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HYLAND, DAVID HYLAND, DAVID Name: Name: 1632 16TH LANE Address: 7499 KINGSLEY COURT Address: City-St-Zip: GREENACRES, FL 334634360 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: () Change () Addition Name: CATALA, JULIAN Name: Address: 12323 LACEWOOD LANE Address: City-St-Zip: WELLINGTON, FL 334144980 City-St-Zip: Title: () Delete Title: (X) Change () Addition HYLAND, SAUNDRA Name: HYLAND, SAUNDRA Name: 7499 KINGSLEY COURT Address: 1632 16TH LANE Address: City-St-Zip: GREENACRES, FL 334634360 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: () Change () Addition BUTLER, DON Name: Name: 25 MISTY MEADOW DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 334368938 City-St-Zip:

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: SAUNDRA HYLAND D 04/14/2005