## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001122

Entity Name: THEATREZONE INC.

FILED Jan 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 597 CORBEL DR. NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 597 CORBEL DR NAPLES, FL 34110 FEI Number: 25-1917144 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: DANNI, MARK 597 CORBEL DR. NAPLES, FL 34110 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: () Change () Addition () Delete PHILLIPS, PAUL Name: Name: 255 13TH AVENUE SOUTH #301 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: STRONG, KIRSTY KNUDSEN Name: Address: 1937 TIMBERLINE DRIVE Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KOLACZ, KATHLEEN Name: KOLACZ, KATHLEEN Name: **5235 TUDOR COURTNEY** 5235 TUDOR COURT Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 ( ) Delete Title: Title: (X) Change ( ) Addition GOODSIGHT, LARRY Name: Name: STEVENS, DEBRA 922 VILLA FLORENZA DR. 400 COCOHATCHEE BLVD. Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34110 Title: Title: () Delete () Change () Addition PETRAS, FRANK Name: Name: 776 WILLOW BROOK DR. #803 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RHODES, ROSALIE DANNI, MARK Name: Name: Address: 4260 JACK FROST COURT #3 Address: 597 CORBEL DR. NAPLES, FL 34112 NAPLES, FL 34110 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK DANNI D 01/17/2007