

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001122

FILED
Jan 05, 2008
Secretary of State

Entity Name: THEATREZONE INC.

Current Principal Place of Business:

597 CORBEL DR.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

597 CORBEL DR.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 25-1917144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANNI, MARK
597 CORBEL DR.
NAPLES, FL 34110 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: D () Delete
Name: PHILLIPS, PAUL
Address: 255 13TH AVENUE SOUTH #301
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: STRONG, KIRSTY KNUDSEN
Address: 1937 TIMBERLINE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: KOLACZ, KATHLEEN
Address: 5235 TUDOR COURT
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: STEVENS, DEBRA
Address: 400 COCOHATCHEE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PETRAS, FRANK
Address: 776 WILLOW BROOK DR. #803
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: DANNI, MARK
Address: 597 CORBEL DR.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ELLEMAN, ELLEN
Address: 1154 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

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

I hereby certify that the information supplied with this filing does not qualify 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

01/05/2008

Electronic Signature of Signing Officer or Director

Date