

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001122

FILED  
Jan 16, 2009  
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: ELLEMAN, ELLEN  
Address: 1154 CAMELOT CIRCLE  
City-St-Zip: NAPLES, FL 34119

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: D (X) Change ( ) Addition  
Name: KNUDSEN, KRISTY  
Address: 1937 TIMBERLINE DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change ( ) Addition  
Name: OWENS, SUSAN  
Address: 241 BAYFRONT DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change ( ) Addition  
Name: MURRELL, STACEY  
Address: 2827 SILVERLEAF LN  
City-St-Zip: NAPLES, FL 34105

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

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

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date