

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001122

FILED  
Jan 05, 2011  
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  
Name: PHILLIPS, PAUL  
Address: 255 13TH AVENUE SOUTH #301  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: FARLEY, JOSEPH  
Address: 7334 TILDEN LANE  
City-St-Zip: NAPLES, FL 34108

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

Title: D  
Name: MURRELL, STACEY  
Address: 2827 SILVERLEAF LN  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: STEVENS, DAVID  
Address: 73 CARRIBBEAN ROAD  
City-St-Zip: NAPLES, FL 34108

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

I hereby 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 all other like empowered.

SIGNATURE: MARK DANNI

PRES

01/05/2011

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

\_\_\_\_\_  
Date