

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15927

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: ASOLO THEATRE, INC.

**Current Principal Place of Business:**

5555 NORTH TAMIAMI TRAIL  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

5555 NORTH TAMIAMI TRAIL  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 59-2717909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIGABRIELE, LINDA  
5555 N. TAMIAMI TRAIL  
SARASOTA, FL 34243 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: PD ( ) Delete  
Name: HARTENSTINE, MICHAEL  
Address: 5555 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: 1VPD ( ) Delete  
Name: MARKLE, E. NANCY  
Address: 5555 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: KURLAND, ALAN  
Address: 5555 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: 2VPD ( ) Delete  
Name: KURLAND, ALAN  
Address: 5555 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: 3VPD ( ) Delete  
Name: PORTNOY, SIMON  
Address: 5555 N. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete  
Name: GARLINGTON, ANN  
Address: 5555 N. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34243

**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: ( ) 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 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: LINDA DIGABRIELE

MS

01/04/2005

Electronic Signature of Signing Officer or Director

Date