

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N20431

FILED
May 31, 2003
Secretary of State

Entity Name: THE CASE THEATRE INC.

Current Principal Place of Business:

2152 PALM CREST DR
APOPKA, FL 32712 US

New Principal Place of Business:

4920 TELLSON PLACE
ORLANDO, FL 32812 US

Current Mailing Address:

2152 PALM CREST DR
APOPKA, FL 32712 US

New Mailing Address:

4920 TELLSON PLACE
ORLANDO, FL 32812 US

FEI Number: 59-2846588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, EDIE
2151 PALM CREST DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HALL, EDIE
4920 TELLSON PLACE
ORLANDO, FL 32812 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: EDIE HALL

05/31/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: HALL, VALERIE A.,
Address: 2152 PALM CREST DR
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: HALL, EDIE,
Address: 2152 PALM CREST DR
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: PORTER, MICHAEL
Address: 2172 FOREST GATE DR. W
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: HALL, VALERIE A.,
Address: 4920 TELLSON PLACE
City-St-Zip: ORLANDO, FL 32812

Title: TD (X) Change () Addition
Name: HALL, EDIE,
Address: 4920 TELLSON PLACE
City-St-Zip: ORLANDO, FL 32812

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: VALERIE A. HALL

PDS

05/31/2003

Electronic Signature of Signing Officer or Director

Date