2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90434 027 ****61.25

DOCUMENT # N94000000753

1. Entity Name
LIMELIGHT THEATER, INC.

Principal Place of Business	Mailing Address
11 OLD MISSION AVENUE ST AUGUSTINE, FL 32084 US	PO BOX 1196 ST AUGUSTINE, FL 32085 US

04262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11 Old Mission Avenue	PO Box 1196
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: St. Johns	Zip: 32085 Country: St Johns

4. FEI Number 65-0471729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARPENTER, EMMA L 604 AUGUSTA CIRCLE ST. AUGUSTINE, FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Emma Lee Carpenter Emma Lee Carpenter April 25, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGUIRE, PAUL 185 INLET DRIVE SAINT AUGUSTINE, FL 32080	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Bartosch, Scott 422 Camelia Trail St. Augustine, FL 32086	x ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGUIRE, JULIE 185 INLET DR ST AUGUSTINE, FL 32080	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Alger, Alice 115 Lancaster Place St. Augustine, FL 32080	x ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOVEY, ELENA 3313 WOODBURY COURT SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	W. Scott Pacetti 3910 Coastal Highway St. Augustine, FL 32084	x ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTES, LUBA 408 PLAYERS COURT ST. AUGUSTINE, FL 32080	xx ☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Elaine Smith 325 Marshside Drive St. Augustine, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STONE, ELLIOT POST OFFICE BOX 9011 ST. AUGUSTINE, FL 32085	xx ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	William Kopf 802 Summer Bay Drive St. Augustine, FL 32080	xx ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JAMES 134 HERON'S NEST LANE SAINT AUGUSTINE, FL 32080	xx ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Todd Lidh 1344 Grant Street St. Augustine, FL 32084	x ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Bartosch Scott Bartosch April 25, 2007 904 825 1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #