2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N94000000753

Entity Name: LIMELIGHT THEATER, INC.

Current Principal Place of Business:

11 OLD MISSION AVENUE
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1196
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 65-0471729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, EMMA L
604 AUGUSTA CIRCLE
ST. AUGUSTINE, FL 32086 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: BARTOSCH, SCOTT
Address: 422 CAMELIA TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: ALGER, ALICE
Address: 115 LANCASTER PLACE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: PACETTI, SCOTT W
Address: 3910 COASTAL HIGHWAY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: SMITH, ELAINE
Address: 325 MARSHSIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: KOPF, WILLIAM
Address: 802 SUMMER BAY DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: LIDH, TODD
Address: 1344 GRANT STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: D (X) Change ( ) Addition
Name: COLEMAN, WILLIAM
Address: 3423 LANDS END DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: EMMA LEE CARPENTER D 03/05/2009

Electronic Signature of Signing Officer or Director — Date