2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N95000001549

Entity Name: THEATRE CONSPIRACY, INC.

Current Principal Place of Business:

10091 MCGREGOR BLVD.
FORT MYERS, FL 33919

New Principal Place of Business:

2711 PARK WINDSOR DR
#302
FORT MYERS, FL 33901

Current Mailing Address:

10091 MCGREGOR BLVD
FORT MYERS, FL 33919 US

New Mailing Address:

2711 PARK WINDSOR DR
#302
FORT MYERS, FL 33901

FEI Number: 65-0569413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS, FL 33919 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	( ) Delete
Name:	WESTLAKE, JANE	
Address:	2355 CHANDLER AVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	TAYLOR, WILLIAM E	
Address:	3806 HANOVER ST	
City-St-Zip:	FORT MYERS, FL	
Title:	D	( ) Delete
Name:	BROWN, STUART	
Address:	3487 BROADWAY	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	DT	( ) Delete
Name:	DAVIS, SLYVIA	
Address:	5300-4 SUMMERLIN RD.	
City-St-Zip:	FT MYERS, FL	
Title:	D	( ) Delete
Name:	PESCATRICE, MICHELLE	
Address:	2712 SW 13TH AVE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	DV	( ) Delete
Name:	GOLDBERG, KAREN	
Address:	12810 RIVER RD	
City-St-Zip:	FT. MYERS, FL 33905	

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 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: WILLIAM TAYLOR D 05/02/2008
Electronic Signature of Signing Officer or Director — Date