

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90133 037 \*\*\*\*61.25

<b>DOCUMENT # N97000005568</b>			
1. Entity Name <b>CIRCUS SARASOTA, INC.</b>			
Principal Place of Business <b>4005 NELSON AVE. SARASOTA FL 34231</b>		Mailing Address <b>4005 NELSON AVE. SARASOTA FL 34231</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0786312</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
<b>REIS, PEDRO 4005 NELSON AVE. SARASOTA FL 34231</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>REIS, PEDRO</b>			NAME	<b>Moore, James T.</b>		
STREET ADDRESS	<b>4005 NELSON AVE</b>			STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>			CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE	<b>V.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ADLER, RITA</b>			NAME	<b>Jacob, Dolly</b>		
STREET ADDRESS	<b>4005 NELSON AVE.</b>			STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>			CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WALK, DEBORAH</b>			NAME	<b>Smout, Les</b>		
STREET ADDRESS	<b>4005 NELSON AVE.</b>			STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>			CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CARTER, RON</b>			NAME	<b>Hunter, John E.</b>		
STREET ADDRESS	<b>4005 NELSON AVE.</b>			STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>			CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Neal, Jim</b>		
STREET ADDRESS				STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	<b>Peterson, Pasquelina</b>		
STREET ADDRESS				STREET ADDRESS	<b>4005 Nelson Ave.</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Pedro Reis **PEDRO REIS** 4/6/05 **941-355-9335**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Date Daytime Phone #

ATTACHMENT

40057406A

ATTACHMENTS.....N97000005568

11.

D  
Robinson, Mary Ann  
4005 Nelson Ave.  
Sarasota, FL 34231

D  
Silberstein, Jan  
4005 Nelson Ave.  
Sarasota, FL 34231