2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N98000005896

Entity Name: MAD COW THEATRE, INC.

Current Principal Place of Business:

105 SOUTH MAGNOLIA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3109
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3575599 **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:

BRUUN, ALAN
9701 WILDOAK DR
WINDERMERE, FL 34786 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: BUCKLEY, BETTINA
Address: PO BOX 121506
City-St-Zip: CLERMONT, FL 32412

Title: PD ( ) Delete
Name: BRUUN, ALAN
Address: 9701 WILD OAK DR.
City-St-Zip: WINDERMERE, FL 34786

Title: STD ( ) Delete
Name: MAXWELL, MITZI
Address: 9701 WILDOCK DR
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: MURRAY, CINDY
Address: 1112 YATES ST
City-St-Zip: ORLANDO, FL 32804

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MITZI MAXWELL STD 05/01/2006

Electronic Signature of Signing Officer or Director — Date