

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90181 031 ****61.25

DOCUMENT # N98000005896

1. Entity Name
MAD COW THEATRE, INC.



Principal Place of Business

**105 EAST PINE ST
ORLANDO FL 32801**

Mailing Address

**2010 HARRISON AVE.
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando

FL

Zip

Country

Zip

32802-3109

Country

USA

4. FEI Number **59-3575599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUNER, TRUDY
2010 HARRISON AVE.
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

Alan Bruun

Street Address (P.O. Box Number is Not Acceptable)

9701 Wildoak Dr.

City

Windermere

FL

Zip Code

34786

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

[Signature]

Alan W. Bruun

1/9/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **BRUNER, TRUDY**
STREET ADDRESS **2010 HARRISON AVE.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **STANLEY, RICK**
STREET ADDRESS **411 FLETCHER PLACE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VPD** ☐ Delete
NAME **BRUN, ALAN**
STREET ADDRESS **9701 WILD OAK DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **STD** ☐ Delete
NAME **MAXWELL, MITZI**
STREET ADDRESS **9701 WILD OAK DR**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **10016 Galton Lane**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Cindy Murray**
STREET ADDRESS **1112 YATES St.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mitzi M. Maxwell
SIGNATURE REQUIRED

1.09.03

407.297.8788

CR2E037 (10/02)