

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000010

FILED
Jan 02, 2003
Secretary of State

Entity Name: CENTRAL FLORIDA THEATRE ALLIANCE, INC.

Current Principal Place of Business:

398 W. AMELIA AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

398 W. AMELIA AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3499659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, JAMES C
398 W AMELIA ST
ORLANDO, FL 32801 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: STOLL, CID
Address: 410 E CONCORD
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: LEGLER, RON
Address: 201 S. ORANGE AVE. #101
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: BREWER, KURT
Address: 1020 ELMWOOD STREET. #7
City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete
Name: MORTON, TY
Address: 2751 NANCY STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: STOLL, CID
Address: 410 E CONCORD
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WOOD, SARA
Address: 304 ALTALOMA AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Change () Addition
Name: MORTON, TY
Address: 2751 NANCY STREET
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TY MORTON

PD

01/02/2003

Electronic Signature of Signing Officer or Director

Date