

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000001137

1. Entity Name
 THE JOBSITE THEATER, INC.

Principal Place of Business 8002 NORTH 13TH STREET TAMPA FL 33604	Mailing Address 8002 NORTH 13TH STREET TAMPA FL 33604
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561564	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENKINS DAVID M 8002 NORTH 13TH STREET TAMPA FL 33604		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE **07/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	-----------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLCOM CHRISTOPHER J			NAME	LOTT JOHN J		
STREET ADDRESS	6607 MARKSTOWN DR. APT. A			STREET ADDRESS	99 DAVIS ST.		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	AUBURNDALE FL 33823		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS JASON			NAME	HOLCOM JAMES C		
STREET ADDRESS	3007 HIGHLAND AVE. N.			STREET ADDRESS	15501 BRUCE B., DOWNS BLVD. #2801		
CITY-ST-ZIP	TAMPA FL 33603			CITY-ST-ZIP	TAMPA FL 33647		
TITLE	TREA	<input type="checkbox"/> Delete		TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FESSENDEN ALAN S			NAME	CORLEY CHRISTOPHER		
STREET ADDRESS	13408 THOMASVILLE CIR.			STREET ADDRESS	1305 E. CRENSHAW ST.		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	TAMPA FL 33604		
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOTT JOHN			NAME	STEVENSON KATRINA		
STREET ADDRESS	13408 THOMASVILLE CIR.			STREET ADDRESS	7902 N. KLONDYKE ST. #1		
CITY-ST-ZIP	TAMPA FL 33617			CITY-ST-ZIP	TAMPA FL 33604		
TITLE	VICE	<input type="checkbox"/> Delete		TITLE	VICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CABAN MICHAEL			NAME	CORLEY AMY S		
STREET ADDRESS	3007 HIGHLAND AVE. N.			STREET ADDRESS	1305 E. CRENSHAW ST.		
CITY-ST-ZIP	TAMPA FL 33603			CITY-ST-ZIP	TAMPA FL 33604		
TITLE	CHAI	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS DAVID M			NAME			
STREET ADDRESS	8002 NORTH 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604			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)(f), 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: David M. Jenkins CHAI 07/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)

JASON V EVANS - D
1709 1ST AVE. N.
33713
ST. PETERSBURG FL