

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90099 009 ***150.00

DOCUMENT # **P97000010446**

1. Entity Name
CURTAIN CALL THEATER & PRODUCTION GROUP, INC.

Principal Place of Business 125 W ROMANA ST. SUITE 224 PENSACOLA FL 32501	Mailing Address 125 W ROMANA ST. SUITE 224- PENSACOLA FL 32501
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2. Principal Place of Business 815 S. Palafox Suite, Apt. #, etc.	3. Mailing Address P.O. Box 12063 Suite, Apt. #, etc.
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City & State City: Pensacola, FL	4. FEI Number 59-3426736	Applied For <input type="checkbox"/> Not Applicable
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Zip 32590	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LOZIER, DANIEL R
 125 W ROMANA ST, SUITE 224
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent
 Name: **Daniel R. Lozier**
 Street Address (P.O. Box Number is Not Acceptable):
24 West Chase ST.
 City: **Pensacola** Zip Code: **32501**

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: *Daniel R. Lozier* Registered Agent DATE: **1/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2001 Fee will be \$350.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSENBERGER, RAY 804 S. PALAFAX ST PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 S. Palafox
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, JOHNNY 804 S. PALAFAX PENSACOLA FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 S. Palafox
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John* DATE: **3/27/01** (850) 469-9904 Ext 1315

CR20034 (10/00)