2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90017 046 ****61.25

DOCUMENT # N07000005757

1. Entity Name

RISING ACTION THEATRE, INC.

Principal Place of Business	Mailing Address
1831 NE 59 CT FT LAUDERDALE FL 33308	1831 NE 59 CT FT LAUDERDALE FL 33308

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
840 E. OAKLAND PARK BLVD	
Suite, Apt. #, etc.: Ste 106	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State
Zip: 33334 Country: Broward	Zip Country

4. FEI Number: 30-0425052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDYN, DAVID 1831 NE 59 CT FT LAUDERDALE FL 33308	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DAVID GOLDYN 4/24/08
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
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDYN, DAVID 1831 NE 59 CT FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CANGELOSI, MICHAEL 1831 NE 59 CT FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENSMAN, HARRIET 1959 LAVENDAR CIRCLE WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KELLER, VICKI 13611 OAKS CLUBHOUSE DRIVE APT 206 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABIAN, PHIL 113926 SUNRISE DRIVE WHITTIER CA 90602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, HUGH 1950 HILLCREST DRIVE #505 HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Michael Cangelosi - Officer 4/24/08 (954) 772-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #