

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002358

Entity Name: DEJA VU THEATER PRODUCTIONS INC.**Current Principal Place of Business:**5924 RIVERSIDE AVENUE
TAMARAC, FL 33321**Current Mailing Address:**5924 RIVERSIDE AVENUE
TAMARAC, FL 33321 US**FEI Number:** 01-0650081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS, SHARON E
122 LAWTON AVE.
JACKSONVILLE, FL 32208 US*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

Officer/Director Detail :

Title PVT
Name CUMMINGS, SHARON EP/D
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title OFFICER
Name GRANT, JENNIFER V
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title ASST SEC
Name GREAVES, TANYA MARIE
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title ASST S
Name WHITE, NORMA
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title T
Name JONES, MARCELLE B
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title VP, S
Name NICHOLSON, SOPHIA DR
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

Title ASST T
Name HARTY, PATRICK
Address 5924 RIVERSIDE AVENUE
City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: SHARON CUMMINGS**PRESIDENT****05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date