

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N05000001122

Jan 13, 2017

Entity Name: THEATREZONE INC.

**Secretary of State
CC6027863897**

Current Principal Place of Business:

13275 LIVINGSTON RD.
NAPLES, FL 34109

Current Mailing Address:

2430 VANDERBILT BEACH RD.
SUITE 108-167
NAPLES, FL 34109 US

FEI Number: 25-1917144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANNI, MARK
504 CHATHAM CIRCLE
NAPLES, FL 34110 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 D
Name OWENS, SUSAN
Address 241 BAYFRONT DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title PRESIDENT
Name STEVENS, DAVID
Address 2129 MISSION DRIVE
City-State-Zip: NAPLES FL 34109

Title D
Name DANNI, MARK
Address 504 CHATHAM CIRCLE
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name NAKFOOR, LISA
Address 8720 BAY COLONY DRIVE
APARTMENT 603
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name CAMPBELL, LISA
Address 5926 DREXEL COURT
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name LINDA, CARP
Address 2625 BULRUSH LANE
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name JAMES, FLECK
Address 20 WILKET ROAD
City-State-Zip: TORONTO, ON OC

Title DIRECTOR
Name BARNES, CYNDE
Address 11125 GULF SHORE DRIVE #303
City-State-Zip: NAPLES FL 34108

Continues on page 2

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: MARK DANNI

ARTISTIC DIRECTOR

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BATISTA, TERE
Address 1864 ALAMANDA DRIVE
City-State-Zip: NAPLES FL 34102

Title VP
Name ELLEN, ELLEMAN
Address PO BOX 304
City-State-Zip: ISLE OF PALMS SC 29451

Title DIRECTOR
Name REBECCA, GUST
Address 1707 THIRD STREET SOUTH
City-State-Zip: NAPLES FL 34102