## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000001122

Entity Name: THEATREZONE INC.

**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 669 CYPRESS WAY EAST 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

**FILED** 

Oct 10, 2014

Secretary of State CC9296278313

Officer/Director Detail:

Title D Title D

NamePHILLIPS, PAULNameFARLEY, JOSEPHAddress255 13TH AVENUE SOUTH #301Address7334 TILDEN LANECity-State-Zip:NAPLES FL 34102City-State-Zip:NAPLES FL 34108

Title D Title D

Name OWENS, SUSAN Name STEVENS, DAVID

Address 241 BAYFRONT DR. Address 73 CARRIBBEAN ROAD

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: NAPLES FL 34108

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Title D Title DIRECTOR

Name DANNI, MARK Name HAZELNAKER, BILLIE

Address 597 CORBEL DR. Address 1661 OLD HENDERSON ROAD

City-State-Zip: NAPLES FL 34110 City-State-Zip: COLUMBUS OH 43220

TitleDIRECTORTitleDIRECTORNameSTRAUB, LEIGHNameCHEFFY, ED

Address 275 INDIES WAY Address 821 FIFTH AVENUE SOUTH

303 City-State-Zip: NAPLES FL 34102

City-State-Zip: NAPLES FL 34110

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 PRESIDENT 10/10/2014