2018 FLORIDA NOT FOR PROFIT CORPORATION 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:

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

FILED Mar 09, 2018

Secretary of State

CC3433784148

Officer/Director Detail:

Title Title **PRESIDENT** Name OWENS, SUSAN Name STEVENS, DAVID

Address 241 BAYFRONT DR. Address 2129 MISSION DRIVE

BONITA SPRINGS FL 34134 City-State-Zip: NAPLES FL 34109 City-State-Zip:

DIRECTOR Title Title

Name BATISTA, TERE DANNI, MARK Name

1864 ALAMANDA DRIVE Address **504 CHATHAM CIRCLE** Address

NAPLES FL 34102 City-State-Zip: City-State-Zip: NAPLES FL 34110

Title DIRECTOR Title VΡ

Name REBECCA, GUST ELLEN. ELLEMAN Name

Address 1707 THIRD STREET SOUTH Address **PO BOX 304**

City-State-Zip: NAPLES FL 34102 City-State-Zip: ISLE OF PALMS SC 29451

Title DIRECTOR Title **DIRECTOR**

Name SALVAGIO, RONALD Name CONROY, CAITLIN Address 14479 MARSALA WAY Address 85 CARIBBEAN ROAD City-State-Zip: NAPLES FL 34109

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.

ARTISTIC DIRECTOR 03/09/2018 SIGNATURE: MARK DANNI

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MULLIN, PATRICK

Address 275 INDIES WAY

#1103

City-State-Zip: NAPLES FL 34110