

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001122

FILED
Jan 10, 2014
Secretary of State
CC1668351280

Entity Name: THEATREZONE INC.

Current Principal Place of Business:

13275 LIVINGSTON RD.
NAPLES, FL 34109

Current Mailing Address:

597 CORBEL DR.
NAPLES, FL 34110

FEI Number: 25-1917144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANNI, MARK
597 CORBEL DR.
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 PHILLIPS, PAUL
Address 255 13TH AVENUE SOUTH #301
City-State-Zip: NAPLES FL 34102

Title D
Name FARLEY, JOSEPH
Address 7334 TILDEN LANE
City-State-Zip: NAPLES FL 34108

Title D
Name OWENS, SUSAN
Address 241 BAYFRONT DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title D
Name STEVENS, DAVID
Address 73 CARRIBBEAN ROAD
City-State-Zip: NAPLES FL 34108

Title D
Name DANNI, MARK
Address 597 CORBEL DR.
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name HAZELNAKER, BILLIE
Address 1661 OLD HENDERSON ROAD
City-State-Zip: COLUMBUS OH 43220

Title DIRECTOR
Name STRAUB, LEIGH
Address 275 INDIES WAY
303
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name CHEFFY, ED
Address 821 FIFTH AVENUE SOUTH
City-State-Zip: NAPLES FL 34102

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

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date