

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUL -2 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 707131 1. Entity Name FLORIDA THEATRE CONFERENCE, INC.					
Principal Place of Business 1905 N PARK RD HOLLYWOOD, FL 33021 US			Mailing Address 1905 N PARK RD HOLLYWOOD, FL 33021 US		
2. Principal Place of Business - No P.O. Box # 9022 41st Way N Suite, Apt. #, etc. Pinellas Park, FL City & State		3. Mailing Address 9022 41st Way N Suite, Apt. #, etc. Pinellas Park, FL City & State		06202007 REIN-NP CR2E099 (1/07)	
Zip 33782 Country Pinellas		Zip 33782 Country Pinellas		4. FEI Number 59-6175037 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ANKROM, ROBERT E 1905 N PARK RD HOLLYWOOD, FL 33021	
7. Name and Address of New Registered Agent Name Robert E. Ankrom Street Address (P.O. Box Number is Not Acceptable) 9022 41st Way N City Pinellas Park FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Robert E. Ankrom</i> 7.2.-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WHITE, DONNA GIBBS HIGH SCHOOL TREASURER ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000105869070 07/10/07--01039--022 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENEZIA, FRANK 5070 ALTON ROAD MIAMI, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKRELL, SANDRA 9063 NARCISSUS SEMINOLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRITT, MARY 1701 SE 24TH ROAD Ocala, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, BEN CHR THR DEPT JACK UNIV 2800 UNIV BLVD N JACKSONVILLE, FL 322113393	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANKROM, ROBERT E 1905 N PARK RD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert E. Ankrom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7.2.07 <small>Date Daytime Phone #</small>		

7/15/07