2005 NOT-FQR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 09, 2005 8:00 am Secretary of State DOCUMENT # 711080 09-09-2005 90032 014 ****70 00 1. Entity Name SPANISH LYRIC THEATRE, INC. Principal Place of Business Mailing Address 2819 SAFE HARBOR DR 2819 SAFE HARBOUR DR **TAMPA FL 33618** TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For 23-7009336 Not Applicab Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, RENE J Street Address (P.O. Box Number is Not Acceptable) 2819 SAFE HARBOR DR **TAMPA FL 33618** 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 accerthe obligations of registered agent. SIGNATURE KENE Consoles re required when reinstating FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SUBERVI, FELIX TITLE ☐ Change Delete TITLE Gonzalez, Alicia 201 N. MACDILL AVE NAME NAME 2922 W. Neiter St. TAMPA FL 33609 STREET ADDRESS STREET ADDRESS Tampa, FL 33607 CITY ST-ZIP CITY-ST-ZIP Beverly Steams 14713 Tall Tree Drive Corresp. Sec./D VIERA, DENNIS TITLE ☐ Delete THEF 15011 REDCLIFF DR NAME NAME STREET ADDRESS **TAMPA FL 33625** STREET ADDRESS Lutg, FX 33549 CITY-ST-ZIP CITY-ST-7IP Chairman/DR ALONSO, BELINDA TITLE Dēlētē John Viña 421 GOLDEN ELM DRIVE MAME NAME 757 mainsail Drum SEPFNER FL 33584 STREET ADDRESS STREET ADDRESS Tempa, FX 33602 VC/B Ruiz, William 17822 Pine KNO// Drive CITY-ST-7IP CITY-ST-7IP RUIZ, WILLIAM TITLE ☐ Detete TITLE Additi. 30143 EMMETTS OT NAME ZEPHYRHILLS-FL-99549 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WADLEY, MARILYN Delete THTLE TITLE Additi-6402 OLYMPIA AVE NAME NAME **TAMPA FL 33634** STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Trea./D MACKINNON, GWENDOLYN TITLE Delete TITLE Change Additi 2543 W. MARYLAND AVE. NAME NAME **TAMPA FL 33629** STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 directo 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 changed, or on an attachment with an address, with all other like empowered.

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0/2/05 (0/2) 00/15/5/4

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