FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 12, 2002 8:00 am DOCUMENT # 714712 **Secretary of State** 1. Entity Name 03-12-2002 91004 036 \*\*\*\*61.25 DAYTONA PLAYHOUSE, INC. Principal Place of Business Mailing Address 100 JESSAMINE BLVD 100 JESSAMINE BLVD UUUJAAAA DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0828616 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Deem Street Address (P.O. Box Number is Not Acceptable)
1865 Myrtle Jo Dr. ROEHRBORN, WM R 205 OCEAN DR **NEW SMYRNA BEACH FL 31269** CityOrmond Zip Code 32174 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 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) TITLE PN ☐ Delete TITLE Change Sandra Bowe NAME NAME DEEM, JANET **CR2E037** 28 Calumet Ave. STREET ADDRESS STREET ADDRESS 1865 MYRTLE JO DR Ponce Inlet, FL 32127 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE Delete TITLE Jerome Devito 2914 S. Peninsula NAMĘ NAME SODERMAN, MONREU STREET ADDRESS STREET ADDRESS 48 PONCE DE LEON DR Daytona Beach Shores, FL 32118 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 SD Terrior autorior and a construction of the Edgar Gill \_\_ Change - 🔁 Addition-TITLE - ☐ Delete -- -- = -TITLE -= NAME RODICU, PAULINE NAME 4118 Jessamine Blud STREET ADDRESS STREET ADDRESS 1305 WANDERING OAKS DR Daytona Beach, FL 32118 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITI F ☐ Addition TITLE Delete NAME ROEHRBORN, BILL NAME STREET ADDRESS STREET ADDRESS 205 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME ternent, wm STREET ADDRESS STREET ADDRESS 6467 LONGLACE DR CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

187eb-02 (386)677-8330

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: