


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 040 \*\*\*\*61.25

<b>DOCUMENT # 715127</b> 1. Entity Name <b>INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE</b>					
Principal Place of Business <del>15 SW 76 ST</del> <b>FT LAUDERDALE FL 33301</b>			Mailing Address <b>1957 EAST CLARADGE AVON PARK FL 33825</b>		
2. Principal Place of Business - No P.O. Box # <b>5170 SW 21 COURT</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PLANTATION FL 33317</b>		City & State			
Zip <b>33317</b>		Country <b>BROWARD</b>		4. FEI Number <b>59-1002438</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RENNIE, DAVID W 1957 EAST CLARADGE AVE AVON PARK FL 33825</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVIERI, TOD P.O. BOX 416 DEERFIELD BEACH FL 33443	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENNIE, ALICE 1957 EAST CLARADGE AVE AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUBBARD, JOHN 4311 WHISTLERWOOD CIRCLE LAKELAND FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERTS, RICHARD 184 SW 9TH STREET POMAPNO BEACH FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENEDICT, GEORGE PO BOX 8834 FT LAUDERDALE FL 36310	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD RENNIE, DAVID 1957 EAST CLARADGE AVE AVON PARK FL 33825	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>David W. Rennie</u> <b>DAVID W. RENNIE</b> <u>March 21, 2007</u> <b>954-290-9057</b>		