
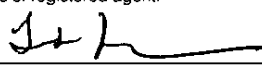
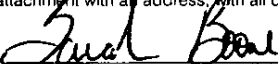


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90050 026 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # 717796 1. Entity Name THEATRE JACKSONVILLE, INC. | | | |  | |
| Principal Place of Business 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207 | | | Mailing Address 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-0718493 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KANE, LINDA C 2358 RIVERSIDE AVE, #202 JACKSONVILLE, FL 32204 | | | 7. Name and Address of New Registered Agent Name TONI L. PHILIPS Street Address (P.O. Box Number is Not Acceptable) 11667 JONATHAN ROAD City JACKSONVILLE FL Zip Code 32225 | | |
| 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  DATE 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | D KILLEA, MICHAEL 2537 HOLLY PT E ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PHILIPS, TONI 11667 JONATHAN RD JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOGAN, VALERIE 1793 CARSDIE DR ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M BOONE, SARAH 1815 VAN WERT AVE #4 JACKSONVILLE, FL 32205 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WRIGHT, MARK 2554 BEAUTY BERRY CIR W JACKSONVILLE, FL 32246 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KANE, LINDA 2358 RIVERSIDE AVE, #202 JACKSONVILLE, FL 32204 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KILLEA, MICHAEL 2537 HOLLY PT E ORANGE PARK, FL 32073 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PHILIPS, TONI 11667 JONATHAN RD JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOGAN, VALERIE 1793 CARSDIE DR ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M BOONE, SARAH 1815 VAN WERT AVE #4 JACKSONVILLE, FL 32205 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SALLY LARCIN HALL 135 CUELLO COURT, #101 PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CINDY DELAPORTE 413 KENTUCKY BRANCH LANE JACKSONVILLE, FL 32259 | <input type="checkbox"/> Change <input checked="" 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:  SARAH BOONE DATE 4/17/07 DAYTIME PHONE # 904-396-4425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |