


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90011 028 \*\*\*\*70.00

<b>DOCUMENT # 728238</b>	
1. Entity Name <b>FLORIDA STUDIO THEATRE, INC.</b>	

Principal Place of Business <b>1241 N PALM AVE SARASOTA FL 34236</b>	Mailing Address <b>1241 N PALM AVE SARASOTA FL 34236</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>23-7362760-</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>PATTERSON, JOHN 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236</b>
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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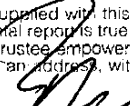
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, FRANK FOLSOM 330 S. PINEAPPLE SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Michell Saslaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 541 Norsota Way Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, KATE 1241 N PALM AVE SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Buchanan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5346 Everwood Run Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, TOM 1812 MANATEE AVENUE BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara J. Lupoff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 472 Meadowlark Drive Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGILLICUDDY, DENNIS 5111 OCEAN BLVD SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold Joels <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4720 Harvest Bend Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOPKINS, RICHARD 1241 N PALM AVE SARASOTA 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	<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 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:**  **Richard Hopkins, Vice President** **4/4/08**