

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90011 010 \*\*\*\*61.25

**DOCUMENT # 730619**

1. Entity Name  
**THE HIPPODROME STATE THEATRE, INC.**



Principal Place of Business  
**25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601**

Mailing Address  
**25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601**

**54038542**



04142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1590987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CURRY, MICHAEL C.  
25 SE 2 PLACE  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSCH, MARY 546 NE 6 AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASSETER, SHIRLEY 25 SE 2ND PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALL ASSE, MARILYN 25 SE 2ND PLACE GAINESVILLE 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRY, MICHAEL C 25 SE 2 PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 21, 2004* 352 373 5968  
Date Daytime Phone #



*Attachments 2004 73069*  
**Division of Corporations**

*54038542*

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