

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730619

FILED
Apr 15, 2005
Secretary of State

Entity Name: THE HIPPODROME STATE THEATRE, INC.

Current Principal Place of Business:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601

New Mailing Address:

25 SOUTHEAST 2ND PLACE
GAINESVILLE, FL 32601 US

FEI Number: 59-1590987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CURRY, MICHAEL C
25 SE 2 PLACE
GAINESVILLE, FL 32601 US

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: MICHAEL CURRY

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAUSCH, MARY,
Address: 546 NE 6 AVE
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: LASSETER, SHIRLEY,
Address: 25 SE 2ND PL
City-St-Zip: GAINESVILLE, FL

Title: VP () Delete
Name: WALL ASSE, MARILYN
Address: 25 SE 2ND PLACE
City-St-Zip: GAINESVILLE 00000,

Title: TD () Delete
Name: CURRY, MICHAEL C
Address: 25 SE 2 PLACE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAUSCH, MARY PD
Address: 546 NE 6 AVE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: SD (X) Change () Addition
Name: LASSETER, SHIRLEY SD
Address: 25 SE 2ND PL
City-St-Zip: GAINESVILLE, FL 32601 US

Title: VP (X) Change () Addition
Name: WALL, MARILYN VP
Address: 25 SE 2ND PLACE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD (X) Change () Addition
Name: CURRY, MICHAEL C TD
Address: 25 SE 2 PLACE
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HAUSCH

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date