

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2006
Secretary of State**

DOCUMENT# 730619

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 US

New Mailing Address:

FEI Number: 59-1590987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date