


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 734378 1. Entity Name AMERICAN MUSIC THEATRE COMPANY, INC.	
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Principal Place of Business 19022 GERACI RD. LUTZ, FL 33548	Mailing Address 633 MARMORA AVE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1851489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGEZ, ROBERT K. 633 MARMORA AVENUE TAMPA, FL 33606

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, JOSEPH C. 517 BOSPHOROUS AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TONY 219 S. BRADFORD AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGEZ, SANDRA 633 MARMORA AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGEZ, ROBERT KARL 633 MARMORA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UD00000178264
01/12/05-80020-023 61.25

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: <u>Robert K. Rodriguez</u> ROBERT K. RODRIGEZ 1-70-05 813-289 3666	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		