

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 734378

1. Entity Name
AMERICAN MUSIC THEATRE COMPANY, INC.



Principal Place of Business
**19022 GERACI RD.
LUTZ, FL 33548**

Mailing Address
**180 CYPRUS AVE
TAMPA, FL 33606**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1851489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGEZ, ROBERT K.
180 CYPRUS AVE
TAMPA, FL 33606**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000782153
01/15/08-80063-010 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRECO, JOSEPH C.
STREET ADDRESS 517 BOSPHOROUS AVENUE
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME GARCIA, TONY
STREET ADDRESS 219 S. BRADFORD AVENUE
CITY-ST-ZIP TAMPA, FL

TITLE STD
NAME RODRIGEZ, SANDRA
STREET ADDRESS 180 CYPRUS AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE PD
NAME RODRIGEZ, ROBERT
STREET ADDRESS 180 CYPRUS AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

1-9-08 8132893666