

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90181 034 ****61.25

DOCUMENT # 738989

1. Entity Name

OPEN THEATRE, INC.

Principal Place of Business

Mailing Address

1026 EDGEWOOD AVE. SOUTH
 JACKSONVILLE FL 32205

1026 EDGEWOOD AVE. SOUTH
 JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1802591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired -

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC CORMMICK EDWARD J
1026 EDGEWOOD AVE. SO.
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME LIVINGSTON, ALICE
 STREET ADDRESS 11585 WINGATE ROAD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE PD Change Addition
 NAME Davis, Carol
 STREET ADDRESS 321 W. 6th Street
 CITY-ST-ZIP Jacksonville, FL 32206

TITLE VD Delete
 NAME DAVIS, CAROL
 STREET ADDRESS 321 W. 6TH ST.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VD Change Addition
 NAME Alice Livingston
 STREET ADDRESS 11585 Wingate Road
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE STD Delete
 NAME BRYSON, CINDY
 STREET ADDRESS 14879 YELLOW BLUFF ROAD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE STD Change Addition
 NAME Christianna White
 STREET ADDRESS 1026 Edgewood Avenue South
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Edward J. McCormick*
Edward J. McCormick

REQUIRED

July 8, 2002 (904) 388-8390

CR2E037 (4/02)