

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 015 ****61.25

DOCUMENT # 738989

1. Entity Name

OPEN THEATRE, INC.



Principal Place of Business

2310 ROSSELLE ST
 JACKSONVILLE FL 32204

Mailing Address

2310 ROSSELLE ST
 JACKSONVILLE FL 32204

14022887



MOORE CR2E037 (11/03)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC CORMMICK EDWARD J
 2310 ROSSELLE ST
 JACKSONVILLE FL 32204

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
 NAME: LIVINGSTON, ALICE Delete
 STREET ADDRESS: 11585 WINGATE ROAD
 CITY-ST-ZIP: JACKSONVILLE FL 32218

TITLE: VD
 NAME: DAVIS, CAROL Change Addition
 STREET ADDRESS: 3210 ROSSELLE ST
 CITY-ST-ZIP: JACKSONVILLE FL 32206

TITLE: PD
 NAME: DAVIS, CAROL Delete
 STREET ADDRESS: 321 W. 6TH ST.
 CITY-ST-ZIP: JACKSONVILLE FL 32218

TITLE: PD
 NAME: LIVINGSTON, ALICE Change Addition
 STREET ADDRESS: 11585 WINGATE RD
 CITY-ST-ZIP: JACKSONVILLE FL 32218

TITLE: STD
 NAME: WHITE, CHRISTIANNA Delete
 STREET ADDRESS: 2310 ROSSELLE ST
 CITY-ST-ZIP: JACKSONVILLE FL 32204

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: MD
 NAME: MC CORMICK, EDWARD L Delete
 STREET ADDRESS: 2310 ROSSELLE DT
 CITY-ST-ZIP: JACKSONVILLE FL 32204

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 L. McCormick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 (904) 388-8390

Date

Daytime Phone #