


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 738989 1. Entity Name OPEN THEATRE, INC.	
---	---

Principal Place of Business 2642-2 ROSSELLE ST JACKSONVILLE, FL 32204	Mailing Address 2642-2 ROSSELLE ST JACKSONVILLE, FL 32204
---	---

DO NOT WRITE IN THIS SPACE



05132006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1802591	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 MC CORMMICK EDWARD J 2642-2 ROSSELLE ST JACKSONVILLE, FL 32204	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, CAROL 321 W 6TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LIVINGSTONE, ALICE 7925 NERRUKK RDT JACKSONVILLE, FL 32227
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WHITE, CHRISTIANNA 2642-2 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MC CORMICK, EDWARD L 2642-2 ROSSELLE ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000574947
08/22/06-80004-017-61-25

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: Edward J. McCormick 8/18/06 (904) 388-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #