

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90100 032 ****61.25

0003198

DOCUMENT # 738989

1. Entity Name

OPEN THEATRE, INC.



Principal Place of Business
**1026 EDGEWOOD AVE. SOUTH
JACKSONVILLE FL 32205**

Mailing Address
**1026 EDGEWOOD AVE. SOUTH
JACKSONVILLE FL 32205**

2. Principal Place of Business
2310 Rosselle Street

3. Mailing Address
2310 Rosselle Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL 32204

City & State
Jacksonville, FL 32204

4. FEI Number **59-1802591**

Applied For

Not Applicable

Zip **32204**

Country **Duval**

Zip **32204**

Country **Duval**

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MC CORMICK EDWARD J
1026 EDGEWOOD AVE. SO.
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **Edward J. Mc Cormick**
Street Address (P.O. Box Number is Not Acceptable)
2310 Rosselle Street
City **Jacksonville** FL Zip Code **32204**

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 **Edward J. Mc Cormick** Managing Director

Managing Director

09/09/03

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

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	<input type="checkbox"/> Delete
NAME	LIVINGSTON, ALICE	
STREET ADDRESS	11585 WINGATE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL	
STREET ADDRESS	321 W. 6TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHITE, CHRISTIANNA	
STREET ADDRESS	1026 EDGEWOOD AVE S	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Christianna	
STREET ADDRESS	2310 Rosselle Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mc Cormick, Edward J.	
STREET ADDRESS	2310 Rosselle Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. Mc Cormick** Managing Director

09/09/03

CR2E037 (10/02)