

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743023

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ATLANTIC PRODUCTIONS, INC.

**Current Principal Place of Business:**

1508 PARK CIRCLE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

1508 PARK CIRCLE  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-1836345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYMAN, CHARLES, PROF.  
UNIVERSITY OF SOUTH FLORIDA  
ART DEPARTMENT  
TAMPA, FL 33620 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LYMAN, CHARLES,  
Address: UNIV. OF S FLORIDA  
City-St-Zip: TAMPA, FL

Title: VPD ( ) Delete  
Name: LYMAN, THEODORE  
Address: 636 HILLVIEW ROAD  
City-St-Zip: RICHMOND, VT 05477

Title: TD ( ) Delete  
Name: MELARANO, PETER  
Address: 10 APPIAN WAY  
City-St-Zip: JOHNSTON, RI 02919

Title: S ( ) Delete  
Name: HARRIS, PHILLIP  
Address: 14506 NO 19 STR #2148  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MELARAGNO, PETER  
Address: 910 LENOX AVE # 2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P LYMAN

PRES

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date