2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# 743023

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:

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

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: CHARLES P. LYMAN JR. 01/11/2009
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: MELARAGNO, PETER
Address: 910 LENOX AVE # 2
City-St-Zip: MIAMI BEACH, FL 33139

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYMAN, CHARLES,
Address: ART DEPARTMENT, UNIV. OF S FLORIDA
City-St-Zip: TAMPA, FL 33620

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

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

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 JR PRES 01/11/2009
Electronic Signature of Signing Officer or Director Date