2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 754261

Entity Name: TAMPA BAY PERFORMING ARTS CENTER, INC.

Current Principal Place of Business:

1010 NORTH MACINNES PLACE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1010 NORTH MACINNES PLACE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2037085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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:	CD	( ) Delete
Name:	SILBIGER, MARTIN	
Address:	1827 BAYSHORE BLVD	
City-St-Zip:	TAMPA, FL 33606	
Title:	VCD	( ) Delete
Name:	URETTE, MICHEAL	
Address:	532 RIVERIA DRIVE	
City-St-Zip:	TAMPA, FL 33606	
Title:	VCD	( ) Delete
Name:	MARSHALL, GENE	
Address:	3799 WELLINGTON PKWY	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	SD	( ) Delete
Name:	RUDOLPH, FRANCI G	
Address:	4911 BAYWAY PL	
City-St-Zip:	TAMPA, FL 33609	
Title:	TD	( ) Delete
Name:	FAGAN, ROBERT D	
Address:	1009 TARAY DE AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	P	( ) Delete
Name:	LISI, JUDITH	
Address:	1010 N.W. MACINNES PLACE	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JUDY LISI PRES 01/21/2009

Electronic Signature of Signing Officer or Director — Date