2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755489

FILED Apr 30, 2007 Secretary of State

Entity Name: TALLAHASSEE LITTLE THEATRE, INC.

Current Principal Place of Business: New Principal Place of Business:

1861 THOMASVILLE RD. 1861 THOMASVILLE RD. PO BOX 3262 TALLAHASSEE, FL 323150262

TALLAHASSEE, FL 323150262

Current Mailing Address: New Mailing Address:

P.O. BOX 3262 TALLAHASEE, FL 32315

FEI Number: 59-6140228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

USSERY, NORMAN GENE, GINGER
1346 TERRACE ST #2 3759 DONOVAN DR

TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32309 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: GINGER GENE 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 NICKENS, KEVIN
 Name:

 Address:
 1142 SPINNEY COURT
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: HOEHN, DUNCAN Name: BILL, TOWNSEND

Address: 4208 KENSINGTON ROAD Address: 720 FOREST LAW

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 VERBOCY, DONALD
 Name:
 CHULIAN, MOISES

 Address:
 6300 S WINDWOOD HILLS CIR
 Address:
 1861 THOMASVILLE RD

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: VPD () Delete Title: () Change () Addition

 Name:
 REILLY, CHRISTINE
 Name:

 Address:
 3315 WHIRLAWAY TRAIL
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

 Name:
 GOODSON, KEVIN
 Name:
 WEST, PEGGY

 Address:
 1553 HEECHEE NENE
 Address:
 1553 HEECHEE NENE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32301

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: KEVIN NICKENS PD 04/30/2007