

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 18, 2009
Secretary of State

DOCUMENT# 756878

Entity Name: RED BARN ACTORS' STUDIO, INC.**Current Principal Place of Business:**319 DUVAL STREET REAR
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**BOX 707
KEY WEST, FL 33041**New Mailing Address:****FEI Number:** 59-2214641**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCDONALD, MARILYN
3625 FLAGLER
KEY WEST, FL 33040 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: VD () Delete
Name: GRAHL, MICHELE
Address: 226 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: MOLLOT, IRWIN
Address: 2912 STAPLES
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: RUSS, STEVE
Address: 3220 RIVIERA
City-St-Zip: KEY WEST, FL 33040 US

Title: S () Delete
Name: WORKS, KIM
Address: 820 LOGGERHEAD LANE
City-St-Zip: SUGARLOAF SHORES, FL 33040 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: MOLLOT, IRWIN
Address: 2912 STAPLES
City-St-Zip: KEY WEST, FL 33040

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

Title: SD (X) Change () Addition
Name: WORKS, KIM
Address: 820 LOGGERHEAD LANE
City-St-Zip: SUGARLOAF SHORES, FL 33040 US

Title: D () Change (X) Addition
Name: HAWKINS, JOY
Address: 1328 SEMINARY ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Change (X) Addition
Name: MCDONALD, GARY
Address: 3625 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

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: MARILYN MCDONALD

D

05/18/2009

Electronic Signature of Signing Officer or Director

Date