

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2008  
Secretary of State**

DOCUMENT# 760194

Entity Name: FLORIDA PROFESSIONAL THEATRES ASSOCIATION, INC.

**Current Principal Place of Business:**

5600 NORTH FLAGLER DRIVE  
UNIT 1410  
W PALM BCH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2922  
W PALM BCH, FL 33402

**New Mailing Address:**

FEI Number: 59-2165556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LONG, SHERRON M MS.  
5600 N FLAGLER DRIVE  
UNIT 1410  
W PALM BCH, FL 33407 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: STD ( ) Delete  
Name: TRUILO, JULIA  
Address: 307 ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD ( ) Delete  
Name: ARISCO, DAVID  
Address: 280 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete  
Name: BARNETT, NANCY  
Address: 262 SOUTH OCEAN BLVD  
City-St-Zip: MANALAPAN, FL 33462

Title: COO ( ) Delete  
Name: LONG, SHERRON  
Address: 5600 N. FLAGLER DR., #1410  
City-St-Zip: WEST PALM BEACH, FL 33407

**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:

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: SHERRON LONG

COO

02/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date