## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 857368**

FILED Jan 23, 2007 Secretary of State

Entity Name: THEATRICAL LIGHTING SYSTEMS, INC.

Current P	rincipal Place	of Business:	New Principal Plac	ce of Business:
	DAN LANE LLE, AL 35816			
Current M	lailing Address	<b>::</b>	New Mailing Addre	ess:
P.O. BOX :	DAN LANE 2646 LLE, AL 35804			
FEI Number:	: 63-0827951	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Co	ırrent Registered Agent:	Name and Address	s of New Registered Agent:
	HN J ND VIEW DR. CITY, FL 32405	US		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
SIGNATUF	RE:			
		c Signature of Registered Age	ent	Date
	Electroni	c Signature of Registered Age  Trust Fund Contribution ( ).	ent	Date
Election Car	Electroni	Trust Fund Contribution ( ).		
Election Car	Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  ORS: Delete CIRCLE		
Election Car OFFICERS Title: Name: Address:	Electroniinpaign Financing  S AND DIRECT  PD ()I  MILLY, DAVID E  4502 CHOCTAN  HUNTSVILLE, AL	Trust Fund Contribution ( ).  CORS:  Celete  CIRCLE  Celete  CIRCLE  CORCLE	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni mpaign Financing S AND DIRECT PD ()I MILLY, DAVID E 4502 CHOCTAN HUNTSVILLE, AL VD ()I MILLY, JANET W 4502 CHOCTAN HUNTSVILLE, AL	Trust Fund Contribution ( ).  ORS:  Delete  CIRCLE  CIRCLE  CIRCLE  Collecte  Collecte	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronii mpaign Financing S AND DIRECT PD ()I MILLY, DAVID E 4502 CHOCTAN HUNTSVILLE, AL VD ()I MILLY, JANET W 4502 CHOCTAN HUNTSVILLE, AL ST ()I MILLY, JANET W 4502 CHOCTAN	Trust Fund Contribution ( ).  ORS: Delete ,, CIRCLE . Delete //, CIRCLE . Delete //, CIRCLE	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA HAYES V P 01/23/2007