2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002188

Entity Name: ELECTRONIC THEATRE CONTROLS, INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business:			New Prin	ncipal Place of Business:	
4201 VINELAND RD, STE I1 ORLANDO, FL 328116626 US					
Current Mailing Address:			New Mai	New Mailing Address:	
4201 VINELAND RD, STE I1 ORLANDO, FL 328116626 US					
FEI Number: 39-1294611 FEI Number Applied For () FEI Num		FEI Number Not Ap	pplicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
RAFF, ROB 4201 VINELAND RD., STE I1 ORLANDO, FL 328116626 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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E FOSTER, FRED I 538 LINDEN CT VERONA, WI	Delete R	Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition FOSTER, FRED R 538 LINDEN CT D: VERONA, WI	
Title: Name: Address: City-St-Zip:	VD () E TITUS, RICHARD A327 N4080 LAK NASHOTAH, WI		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition TITUS, RICHARD L 7747 WELCOME DR D: VERONA, WI	
Title: Name: Address: City-St-Zip:	S () E ACKER, MARGAF 7653 GREENWO VERONA,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BEWICK, GARY 10200 120TH AVE b: BLOOMER, WI	
Title: Name: Address: City-St-Zip:	T () E GILSON, ROBER 3731 CTY TRUNK MIDDLETON, WI	T E C M	Title: Name: Address: City-St-Zip:	T (X) Change () Addition GILSON, ROBERT E 3000 W. BELTLINE HWY b: MIDDLETON, WI	
Title: Name: Address: City-St-Zip:	D () E FOSTER, G. WIL 951 STANTON BATANIA, IL	Delete LIAM	Title: Name: Address: City-St-Zip:	()Change ()Addition o:	
Title: Name: Address: City-St-Zip:	D () E FOSTER, JEANE 5616 LAKE MENI MADISON, WI		Title: Name: Address: City-St-Zip:	D (X) Change () Addition FOSTER, JEANETTE 538 LINDEN CT D: VERONA, WI	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK VELDEY VP 03/30/2005