

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90662 036 ****61.25

DOCUMENT # F03000000411																																									
1. Entity Name MAJESTIC THEATRE AND PLAYHOUSE INC.																																									
Principal Place of Business 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE FL 33952			Mailing Address 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE FL 33952																																						
2. Principal Place of Business			3. Mailing Address																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		Zip																																					
Country		Country		Country																																					
6. Name and Address of Current Registered Agent COPPOLA, MATTHEW A 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																																					
8. 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. I am familiar with, and accept the obligations of registered agent.																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)																																									
Signature, typed or printed name of registered agent and title if applicable																																									
DATE																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution ☐																																						
\$5.00 May Be Added to Fees			Make Check Payable to Florida Department of State																																						
10. OFFICERS AND DIRECTORS																																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my signatures 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.