

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006563

1. Entity Name
VOX THEATRE COMPANY, INC.



Principal Place of Business
149 WEST 95 ST
NEW YORK, NY 10025

Mailing Address
10688 41ST COURT
CLEARWATER, FL 33762



07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
13-3927646

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSERRA, LISA
10688 41ST COURT
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INSERRA, LISA 10688 41ST COURT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRINK, ROBERT S 149 WEST 95 ST NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOANE, JENNIFER 2459 COLUMBIA DR #37 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Inserra LISA INSERRA

7/11/07

727-
571-1057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #