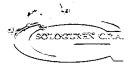
2001 UNIFORM BUSINESS REPORT (UBR) 5/11/01-90065-049-\$61.25-\$61.25								
		PRT:	(UBI	R)			-	
DOCUMENT # N0000001007				7		FILED	Š	
1. Entity Name					40.3c 01.9tV st	ETARY OF H OF CORPO	SiAir	
OCALA THEATER COMPANY, INC.								
Principal Place of Business	Mailing Address				01 NO	DV 27 PH	1:58	
1409 NE 22ND AVE. 1409 NE 22ND AVE.								
OCALA FL 34470 OCALA FL 34470					971401			
				111	OHIODE OF OCUT DOIS OF CONTRACT		<b>HI</b> N 1882 1831 -	
2. Principal Place of Business 3. Mailing Address 1768 NE 7 St. 1768 NE 7			Dt.					
1168 NE 7 St.   1768 NE   Suite, Apt. #, etc.   Suite, Apt. #, etc.			74.		DO NOT WRITE IN THIS SPACE			
City & State	Sity & State			4 55114		·		
Ocala 71. 34470	Ocala:	<del>31</del> .		1. 53	mber 1-362 2353		oplied For ot Applicable	
Zip Country MARION	34470	Country		8 Contilio	ate of Status Desired	38.75 Add		
6. Name and Address of Current	Registered Agent			7. Name a	and Address of New Regist			
Name SARA V JULIANO								
SOLOGUREN, GEORGE 1409 NE 22ND AVE. OCALA FL 34470			Street A	Address P.O. Pex Number is Not Acceptable)				
			City (	Icala		FL 344	70	
8. The above named entity submits this statement to	r the purpose of changing its	registere	ed office or	registered agent, or	both, in the state of Florida.	·		
$\mathbf{x} \prec \mathbf{y}$	) line						} .	
SIGNATURE Signature, types of printed name of registered agent	profiteril applicable. (NOTI	E: Registered	Agent signatu	re required when reinstating)		DATE	<del></del>   ·	
FILE HOW: 9. Election Campaign I FEE IS \$61.25 Trust Fund Contribut			ığ 🗆	\$5.00 May Be Added to Fees	OD May Be Make Check Payable to Department of State			
	OFFICERS AND DIRECTORS			ADDITIONS (	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	☐ Detete	11.		ADDITIONS	CHANGES TO OFFICERS AS	☐ Change		
NAME SOLOGUREN, GEORGE STREET ADDRESS 1409 NE 22ND AVE.		NAME STREE	T ADDRESS				01)	
CITY-ST-ZIP OCALA FL 34470			ST-ZIP				CRZE037 (10/00)	
TITLE D NAME D'AMICO JOSEPH	D'AMICO, JOSEPH					☐ Change	□ Addition   55	
STREET ADDRESS P.O. BOX 7348			T ADDRESS ST-ZIP				. '	
INTE D	OUNDATE OTTIE		\$1-ZIP	SARA D	JULIANO	Change	Addition	
NAME D'AMICO, SARA	D'AMICO, SARA			1768 NG				
CITY-ST-ZIP OCALA FL 34472	1.0. 50% 7010		T ADDRESS ST-ZIP	Ocala a	4.34470		{ ;	
ITTLE PACETY	☐ Delete	TITLE		RALPH.		Û ☐ Change	Addition .	
NAME STREET ADDRESS		NAME Stree	T AOORESS	1768 NG	(1) 21/101)			
CITY-SI-ZIP		CITY-S	ST-21P	OCALA	PC 349/0		<del></del> ·	
TITLE NAME	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		- STREET	T ADDRESS				'	
TITLE	☐ Delete	TITLE	31-211		\h	\ ☐ Change	Addition .	
NAME STREET ADDRESS	•	NAME	T ADDRESS		$\mathcal{I}_{\mathcal{I}}$	W6		
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITY-S	1			V"	.	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE: 4-30-01								



**GEORGE SOLOGUREN, C.P.A.** 1409 N.E. 22nd Avenue Ocala, Florida 34470 (352) 690-6869 Fax: (352) 732-5673

Florid Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Ocala Theater Company, Inc.

To Whom It May Concern:

The above named taxpayer corporate status has been suspended. On or about June 2001 the copy of the enclosed 2001 Uniform Business Report was corrected and mailed back to you with the required information. Please change the company's status to active. If you have any questions please contact me.

Sincerely yours,

George Sologuren CPA