2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# N00000004745

Entity Name: STAGE AURORA THEATRICAL COMPANY, INC.

Current Principal Place of Business:

3123 CLYDE DR.
% DARRYL R. HALL
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P O BOX 28283
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3666871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUSTER, REGINALD ATTY
1200 RIVERPLACE BLVD
SUITE 310
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: FP ( ) Delete
Name: HALL, DARRYL R
Address: 3123 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: HALL, DELORES L
Address: 3123 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: HALL, EDWARD W
Address: 3123 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: MORGAN, JOSEPH
Address: 6543 EXTOR PIKE
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: HAGANS, TARANA
Address: 2033 HOLCROFT DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: ROBINSON, JEANETTE
Address: 8915 YEOMAN DR.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HALL, DOLORES L
Address: 3123 CLYDE DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MORGAN, JOSEPH
Address: 6543 EXCOR PLACE
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KORYNSKI, PIOTR A
Address: 24-54 29TH STREET #2A
City-St-Zip: ASTORIA, NY 11102

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRYL REUBEN HALL ED/F 04/02/2005

Electronic Signature of Signing Officer or Director — Date