2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N00000004745

Entity Name: STAGE AURORA THEATRICAL COMPANY, INC.

Current Principal Place of Business:

5164 -A NORWOOD AVENUE
SUITE A
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
25 LIBERTY STREET
SUITE A
JACKSONVILLE, FL 32202 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, DOLORES 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 EXCOR PLACE	
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:	KORYNSKI, PIOTR A	
Address:	24-54 29TH STREET #2A	
City-St-Zip:	ASTORIA, NY 11102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 EXE 04/23/2007

Electronic Signature of Signing Officer or Director — Date