

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90094 026 ****61.25

DOCUMENT # N00000008067



1. Entity Name
ON THE BOARDS THEATRE COMPANY, INC.

Principal Place of Business

**401 NE 14TH AVE.
FT. LAUDERDALE FL 33301
33**

Mailing Address

**401 NE 14TH AVE.
FT. LAUDERDALE FL 33301
33**

2. Principal Place of Business

56 N. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Dania Beach FL

City & State

4. FEI Number **65-1072878**

Applied For
 Not Applicable

Zip **33004** Country **Broward**

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSMAN, ALLAN M
401 NE 14TH AVE.
FT. LAUDERDALE FL 33301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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

Allan Michael Grozman

04/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| TITLE | MD | <input type="checkbox"/> Delete |
| NAME | WELLS, LINDA | |
| STREET ADDRESS | 401 NE 14TH AVENUE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GROSMAN, ALLAN M | |
| STREET ADDRESS | 401 NE 14TH AVENUE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAPPELLO, JOSEPH | |
| STREET ADDRESS | 3578 SW 49 CT | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, VANCE B | |
| STREET ADDRESS | 9387 NASSAU DR | |
| CITY-ST-ZIP | MIAMI FL 33189 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ORLANDO, CATHY | |
| STREET ADDRESS | 14688 SW 174 ST | |
| CITY-ST-ZIP | MIAMI FL 33187 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YAWNEY, MICHAEL | |
| STREET ADDRESS | 777 S. ATLANTIC AVE, STE Z PMB 102 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | Don Crinklaw | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Board Member | |
| STREET ADDRESS | 1751 Surf Rd N. | |
| CITY-ST-ZIP | Hollywood FL 33019 | |
| TITLE | Board Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Amy Bandolik | |
| STREET ADDRESS | 1300 SE 1 St #12 | |
| CITY-ST-ZIP | Ft. Lauderdale FL 33301 | |
| TITLE | Board Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George Jason | |
| STREET ADDRESS | 45490 SW 37 Ave | |
| CITY-ST-ZIP | Dania Beach FL 33004 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Linda Wells* **SIGNATURE REQUIRED** *Apr. 11, 2003 754 513-0506*

CR2E037 (10/02)