

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008432

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: THE TEMENOS ENSEMBLE THEATER INC.

Current Principal Place of Business:

300 W CHURCH ST
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1328
ORLANDO, FL 328021328

New Mailing Address:

FEI Number: 59-3692064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE, FL 322010240 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: PD () Delete
Name: LOWBRIDGE, ARWEN
Address: 710 E. MICHIGAN STREET, #66
City-St-Zip: ORLANDO, FL 32806

Title: VD () Delete
Name: KELTY, CHRISTIAN
Address: 710 E. MICHIGAN STREET, #66
City-St-Zip: ORLANDO, FL 32806

Title: STD () Delete
Name: CROWDER-CICHON, ANISSA
Address: 710 TROPIC HILL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CROWDER-CICHON, ANISSA
Address: 710 TROPIC HILL DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: MARTIN, AIDA
Address: 839 NORTH HYER AVE.
City-St-Zip: ORLANDO, FL 32803

Title: TD () Change (X) Addition
Name: WILDER, SANDY
Address: 14137 LORD BARCLAY DRIVE
City-St-Zip: ORLANDO, FL 32837

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: ARWEN LOWBRIDGE

PD

04/16/2002

Electronic Signature of Signing Officer or Director

Date