

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90348 001 \*\*\*\*61.75  
 06-16-2003 90348 002 \*\*\*\*8.75

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

**55048339**

DOCUMENT # N0000008432					
1. Entity Name <b>THE TEMENOS ENSEMBLE THEATER INC.</b>					
Principal Place of Business 300 W CHURCH ST ORLANDO, FL 32801			Mailing Address P.O. BOX 1328 ORLANDO, FL 32802-1328		
2. Principal Place of Business		3. Mailing Address <b>400 W Church St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Orlando FL</b>			
City & State		City & State		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Zip		Country		4. FEI Number <b>59-3692064</b>	
<b>32801</b>		<b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>F &amp; L CORP. THE GREENLEAF BUILDING 200 LAURA STREET JACKSONVILLE, FL 32201-0240</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reissuing)					
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOWBRIDGE, ARWEN 710 E. MICHIGAN STREET, #66 ORLANDO, FL 32806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Christian Pruitt</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sec - Treas -</b> <b>400 W Church St</b> <b>Orlando FL 32801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Vice president</b> KELTY, CHRISTIAN 710 E. MICHIGAN STREET, #66 ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWDER-CICHON, ANISSA 710 TROPIC HILL DRIVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>President</b> MARTIN, AIDA 839 NORTH HYER AVE. ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILDER, SANDY 14137 LORD BARCLAY DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Aida R. Martin</i>			<b>6-10-03</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">Daytime Phone #</span>		

CFR2037 (10/02)