

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004961

FILED
Jan 08, 2004
Secretary of State

Entity Name: BACKLIGHT THEATRE GROUP, INC.

Current Principal Place of Business:

4665 RAGGEDY POINT RD
ORANGE PARK, FL 32203

New Principal Place of Business:

Current Mailing Address:

4665 RAGGEDY POINT RD
ORANGE PARK, FL 32203

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, TIMOTHY
4665 RAGGEDY POINT RD
ORANGE PARK, FL 32203

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: DIR () Delete
Name: HALL, YOUNG E MR.
Address: 4124 ALHAMBRA DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: CHM () Delete
Name: MANN, TIMOTHY MR.
Address: 4665 RAGGEDY POINT ROAD
City-St-Zip: ORANGE PARK, FL 32003

Title: DIR () Delete
Name: RYAN, JOHN T MR.
Address: 237 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: CURRAN, DANIEL R
Address: 12065 CRANEFOOT DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: TIMOTHY MANN

CHM

01/08/2004

Electronic Signature of Signing Officer or Director

Date