2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004961

FILED Feb 25, 2009 Secretary of State

Entity Name: BACKLIGHT THEATRE GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 4665 RAGGEDY POINT RD ORANGE PARK, FL 32203 **Current Mailing Address: New Mailing Address:** 4665 RAGGEDY POINT RD ORANGE PARK, FL 32203 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANN, TIMOTHY MANN, MARGARET A MRS 4665 RAGGEDY POINT RD 4665 RAGGEDY POINT RD ORANGE PARK, FL 32203 US ORANGE PARK, FL 32203 US 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: MARGARET A. MANN 02/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL, YOUNG EMR. Name: Name: 4124 ALHAMBRA DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: CHM () Delete Title: (X) Change () Addition CHM MANN, TIMOTHY MR. Name: MANN, MARGARET A MRS Name: Address: 4665 RAGGEDY POINT ROAD Address: 4665 RAGGEDY POINT ROAD City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: FLEMMING ISLAND, FL 32003 Title: DIR () Delete Title: () Change () Addition RYAN, JOHN T MR. Name: Name: 237 LINKSIDE CIRCLE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: CURRAN, DANIEL R Name: 12065 CRANEFOOT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 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: MARGARET A MANN CHM 02/25/2009