

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002551

FILED
May 30, 2003
Secretary of State

Entity Name: TAKE A CHANCE THEATER, INC.

Current Principal Place of Business:

2406 JANET STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2406 JANET STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 04-3648278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUPO, DONALD
2406 JANET STREET
KISSIMMEE, FL 34741

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: P () Delete
Name: CUPO, DONALD
Address: 2406 JANET STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: BUCHMAN, DAVID
Address: 2406 JANET STREET
City-St-Zip: KISSIMMEE, FL 34741

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BUCHMAN, DAVID
Address: 2406 JANET STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: V/D (X) Change () Addition
Name: TIFFANY, JAY
Address: 9326 DANEY STREET
City-St-Zip: GOTHAM, FL 34734

Title: S/D () Change (X) Addition
Name: GETZ, CHARLENE
Address: 215 WESTRIDGE ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: T/D () Change (X) Addition
Name: CUPO, DONALD
Address: 2406 JANET STREET
City-St-Zip: KISSIMMEE, FL 34741

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: DONALD CUPO

T/D

05/30/2003

Electronic Signature of Signing Officer or Director

Date