

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004142

FILED
Mar 31, 2004
Secretary of State**Entity Name:** SLM THEATER PRODUCTIONS, INC.**Current Principal Place of Business:**13130 CARROLLWOOD CREEK DR.
TAMPA, FL 33624**New Principal Place of Business:**7549 DUNBRIDGE DRIVE
ODESSA, FL 33556 US**Current Mailing Address:**13130 CARROLLWOOD CREEK DR.
TAMPA, FL 33624**New Mailing Address:**7549 DUNBRIDGE DRIVE
ODESSA, FL 33556 US**FEI Number:** 81-0554385**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAY, ANDREA
13130 CARROLLWOOD CREEK DR.
TAMPA, FL 33624**Name and Address of New Registered Agent:**LAY, ANDREA
7549 DUNBRIDGE DRIVE
ODESSA, FL 33556 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: _____

03/31/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: TORMAN, LORI
Address: 2082 KANSAS AVENUE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: SD () Delete
Name: LAY, AMY
Address: 1706 WEST FERN STREET
City-St-Zip: TAMPA, FL 33604

Title: TD (X) Delete
Name: TORMAN, BARRY
Address: 2082 KANSAS AVENUE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: PD () Delete
Name: LAY, ANDREA
Address: 13130 CARROLLWOOD CREEK DR.
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: REYNOLDS, BRUCE
Address: 1470 NE 45TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: JARRETT, GEARY
Address: 11919 KEATING DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: SD (X) Change () Addition
Name: LAY, AMY C
Address: 1706 WEST FERN STREET
City-St-Zip: TAMPA, FL 33604

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

Title: PTD (X) Change () Addition
Name: LAY, ANDREA
Address: 13130 CARROLLWOOD CREEK DR.
City-St-Zip: TAMPA, FL 33624

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: AMY CRABILL LAY

SD

03/31/2004

Electronic Signature of Signing Officer or Director

Date