## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 28, 2005 8:00 am Secretary of State

| DOCUMENT # N020000  1. Entity Name ORLANDO REPERTORY THEAT CORPORATION NOT FOR PRO   | re, A FLC                | DRIDA                                 |  |                          |   | 02-28-200  | )5 90234  | · 042 ****                       | 61.23                                  |
|--|--------------------------|---------------------------------------|--|--------------------------|---|--|---|----------------------------------|--|
| Principal Place of Business  |                          | g Address                             |  |                          |   |  |   |                                  |  |
| 215 N EOLA DR<br>Orlando, Fl. 32801  |                          | N EOLA DR<br>Ando, Fl. 32801          |  |                          |   |  |   |                                  |  |
| UKLANDU, FL 32001  | UKLA                     | INDO, FL 32001                        |  | ĺ                        |   |  | 50020   | 0559                             |  |
|  |                          |                                       |  |                          |   | BBija (Kali Bajir BBij) Bi   | 5002(   |                                  |  |
| 2. Principal Place of Business   | 3. Mail                  | ing Address                           |  |                          |   |  |   |                                  |  |
| Suite, Apt. #, etc.  | Su                       | ite, Apt. #, etc.                     |  |                          | 02072005  | Chg-NP   | CR2E0   | 37 (10/03)                       |  |
| City & State   | Cit                      | y & State                             |  |                          | 4. FEI Numbe  | T ICADI E  |   | -                                | pplied For                             |
| 7:-  |                          |                                       | 0  |                          | NOTAP   | PLICABLE   |   |                                  | ot Applicable                          |
| Zip _ Country  | Zip                      |                                       | Country  |                          | 5. Certificate  | of Status Desired  |   | \$8.75 Ad<br>Fee Require         |  |
| 6. Name and Address of Cu  | rrent Registere          | ed Agent                              | <u> </u>   |                          | 7. Name and   | Address of New   | Registered  |                                  |  |
| HEEVIN IAMES E ID  | <u>-</u> -               |                                       | Name   |                          |   | _  |   |                                  |  |
| HEEKIN, JAMES F JR<br>215 N EOLA DR<br>ORLANDO, FL 32801   |                          |                                       | Street A   | ddress (F                | P.O. Box Numbe  | er is Not Acceptab   | le)   |                                  |  |
|  |                          |                                       |  |                          |   |  |   |                                  |  |
|  |                          |                                       | City   |                          |   |  | FL  | Zip Çoc                          | de                                     |
| 8. The above named entity submits this statem  | nent for the purp        | oose of changing its                  | registered office o  | r register               | ed agent, or bot  | h, in the State of F   |   |                                  | , and accept                           |
| , .  |                          |                                       |  |                          |   |  |   |                                  | j                                      |
| Signature, typed or printed name of registers  | d agent and title if app | · · · · · · · · · · · · · · · · · · · | E: Registered Agent signat   |                          |   |  | DATE  |                                  |  |
| Signature, typed or printed name of registers Filling Fee Is \$61.25 Due by May 1, 2005  |                          | 9. Election Car<br>Trust Fund (       | mpaign Financing<br>Contribution.  |                          | \$5.00 May B<br>Added to Fees   | Flo  | Make cheo<br>orida Depa                                 | ck payable<br>intraent of S      | State                                  |
| Signature, typed or printed name of registere Filling Fee Is \$61.25 Due by May 1, 2005  10. OFFICERS AI   | d agent and title if app | 9. Election Car<br>Trust Fund (       | mpaign Financing<br>Contribution.  |                          | \$5.00 May B<br>Added to Fees   | ANGES TO OFFIC   | Make chec<br>orida Depa<br>ERS AND D                    | IRECTORS                         | N 10                                   |
| Filing Fee Is \$81.25 Due by May 1, 2005  10. OFFICERS AI  |                          | 9. Election Car<br>Trust Fund (       | mpaign Financing<br>Contribution.  | - A                      | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CHA  | ANGES TO OFFICE  | Make checorida Depa                                     | IRECTORS I                       | State                                  |
| Filing Fee Is \$81.25 Due by May 1, 2005  10. OFFICERS AI  | ND DIRECTORS             | 9. Election Car<br>Trust Fund (       | mpaign Financing<br>Contribution.  | - A                      | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CHA  | ANGES TO OFFICE  | Make checorida Depa                                     | IRECTORS I                       | N 10                                   |
| Signature, typed or printed name of registere   Filling Fee Is \$81.25     Due by May 1, 2005     10. OFFICERS AI   TITLE   D  | ND DIRECTORS             | 9. Election Car<br>Trust Fund (       | mpaign Financing<br>Contribution.  11.  TITLE NAME   | EXE<br>PAN<br>100        | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>UL LAR:<br>I.E. P                           | ANGES TO OFFICE TONO IX RIVESTE                                    | Make checorida Depa<br>ERS AND D                        | IRECTORS I                       | N 10                                   |
| Signature, typed or printed name of registere  | ND DIRECTORS             | 9. Election Car<br>Trust Fund (       | mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS   | EXE<br>PAN<br>100<br>000 | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>UL LAR:<br>I.E. P<br>AUD O                  | ANGES TO OFFICE  TONO IX  RIUCHTE  FL 321                          | Make checorida Deparente AND DETOR                      | Change                           | N 10                                   |
| Filing Fee Is \$61.25 Due by May 1, 2005  10. OFFICERS AI  TITLE D  *ZIEGLER, RON  STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803  TITLE D  NAME CHRISTIANSEN, PATRICK   | NO DIRECTORS             | 9. Election Car<br>Trust Fund (       | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | EXE<br>PAN<br>100<br>000 | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>UL LAR:<br>I.E. P<br>AUD O                  | ANGES TO OFFICE  TONO IX  RIUCHTE  FL 321                          | Make checorida Deparente AND DETOR                      | Change                           | N 10 Addition                          |
| Filing Fee Is \$61.25 Due by May 1, 2005  10. OFFICERS AI TITLE D NAME -ZIEGLER, RON STREET ADDRESS 1001 PRINCETON STREET CITY-S1-ZIP ORLANDO, FL 32803  TITLE D NAME CHRISTIANSEN, PATRICK STREET ADDRESS 1001 PRINCETON STREET   | NO DIRECTORS             | 9. Election Car<br>Trust Fund (       | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS   | FRE PAR 100 BRU ASS ROS  | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>ULLAR.<br>IE. P<br>AUDO.<br>TCHAI<br>BANN H | ANGES TO OFFICE TONO IX RIVES FL 32: IR. AFFICE TONO IX RECETOR IX | Make checorida Depa<br>ERS AND D<br>TOR<br>DN ST<br>303 | Change                           | N 10 Addition                          |
| Filing Fee is \$81.25  Due by May 1, 2005  10. OFFICERS AI  TITLE D NAME STREET ADDRESS 1001 PRINCETON STREET ORLANDO, FL 32803  TITLE D NAME CHRISTIANSEN, PATRICK STREET ADDRESS 1001 PRINCETON STREET ORLANDO, FL 32803   | NO DIRECTORS             | 9. Election Car<br>Trust Fund (       | mpaign Financing Contribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | EXE<br>PAN<br>100<br>000 | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>ULLAR.<br>IE. P<br>AUDO.<br>TCHAI<br>BANN H | ANGES TO OFFICE  TONO IX  RIUCHTE  FL 321                          | Make checorida Depa<br>ERS AND D<br>TOR<br>DN ST<br>303 | Triment of S DIRECTORS II Change | N 10 Addition                          |
| Filing Fee Is \$61.25 Due by May 1, 2005  10. OFFICERS AI  TITLE D NAME ZIEGLER, RON STREET ADDRESS 1001 PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803  TITLE D NAME CHRISTIANSEN, PATRICK STREET ADDRESS 1001 PRINCETON STREET CITY-ST-ZIP ORLANDO, FL 32803  TITLE D ORLANDO, FL 32803  TITLE D TITLE D ORLANDO, FL 32803   | NO DIRECTORS             | 9. Election Car<br>Trust Fund (       | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE  | FRE PAR 100 BRU ASS ROS  | \$5.00 May B<br>Added to Fees<br>ADDITIONS/CH.<br>CUTIVE<br>ULLAR.<br>IE. P<br>AUDO.<br>TCHAI<br>BANN H | ANGES TO OFFICE TONO IX RIVES FL 32: IR. AFFICE TONO IX RECETOR IX | Make checorida Depa<br>ERS AND D<br>TOR<br>DN ST<br>303 | Change                           | N 10 Addition                          |
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SONJA NICHOLSON, DIRECTOR

SIGNATURE: