2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004879

FILED Feb 25, 2009 Secretary of State

Entity Name: ORLANDO REPERTORY THEATRE, A FLORIDA CORPORATION NOT FOR PROFIT

Current Principal Place of Business: New Principal Place of Business: 1001 EAST PRINCETON STREET ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 1001 EAST PRINCETON STREET ORLANDO, FL 32803 FEI Number: 20-1813523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEEKIN, JAMES F JR HEEKIN, JAMES F JR 215 N EÓLA DR 215 NORTH EOLA DRIVE ORLANDO, FL 32801 US ORLANDO, FL 32801 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: 02/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HEEKIN, JAMES Name: Name: 215 NORTH EOLA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRINGTON, ROSEANN Name: BARRIOS, CARLOS Name: Address: 500 SOUTH ORANGE AVENUE Address: 300 SOUTH ORANGE AVENUE, SUITE 900 City-St-Zip: ORLANDO, FL 32801 44 City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: (X) Change () Addition BARRIOS, CARLOS BOWMAN, SCOTT Name: Name: 8701 MAITLAND SUMMIT BOULEVARD 300 SOUTH ORANGE AVENUE SUITE 900 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: () Change () Addition Name: CHAPMAN, AMY Name: 420 S. ORANGE AVENUE, SUITE 500 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, TIFFANI Name: Name: 215 NORTH EOLA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32802 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: EUGENE S. COLUMBUS ED 02/25/2009