

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007584

Entity Name: THE VINE THEATRE, INC.

FILED  
Jul 06, 2004  
Secretary of State

## Current Principal Place of Business:

427 N. BUMBY AVENUE  
ORLANDO, FL 32803

## New Principal Place of Business:

1130 BELLEAIRE CIR  
ORLANDO, FL 32804

## Current Mailing Address:

427 N. BUMBY AVENUE  
ORLANDO, FL 32803

## New Mailing Address:

1130 BELLEAIRE CIR  
ORLANDO, FL 32804

FEI Number: 54-2076865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH  
5TH FLOOR  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH  
5TH FLOOR  
WINTER PARK, FL 32789 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:

07/06/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: GOIN, WHITNEY H  
Address: 1130 BELLE AIR CIRCLE  
City-St-Zip: ORLANDO, FL 32804

Title: VD ( ) Delete  
Name: WILLIAMS, STEPHANY M  
Address: 2122 FOREST CLUB DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete  
Name: WILLIAMS, DAYNE L  
Address: 2122 FOREST CLUB DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: SD ( ) Delete  
Name: GOIN, BRUCE R  
Address: 2122 FOREST CLUB DRIVE  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRUCE R. GOIN

SD

07/06/2004

Electronic Signature of Signing Officer or Director

Date