

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007584

FILED
May 09, 2007
Secretary of State

Entity Name: THE VINE THEATRE, INC.

Current Principal Place of Business:

1130 BELLEAIRE CIR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1130 BELLEAIRE CIR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 54-2076865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: WILLIAMS, STEPHANIE 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: 1130 BELLEAIRE CIRCLE
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 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: BRUCE GOIN

SD

05/09/2007

Electronic Signature of Signing Officer or Director

Date