

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007584

FILED
Sep 10, 2003
Secretary of State

Entity Name: THE VINE THEATRE, INC.

Current Principal Place of Business:

2122 FOREST CLUB DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

427 N. BUMBY AVENUE
ORLANDO, FL 32803

Current Mailing Address:

2122 FOREST CLUB DRIVE
ORLANDO, FL 32804

New Mailing Address:

427 N. BUMBY AVENUE
ORLANDO, FL 32803

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
WINTe PARK, FL 32789 US

Name and Address of New Registered Agent:

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 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: DAYNE WILLIAMS

TD

09/10/2003

Electronic Signature of Signing Officer or Director

Date