

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008962

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** POWERSTORIES THEATRE OF TAMPA BAY, INC.

**Current Principal Place of Business:**

3825 SOUTH HENDERSON BLVD.  
306  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18021  
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number:** 75-3088774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, FRANCIS  
2122 SOUTH VENUS STREET  
TAMPA, FL 33629 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: PD  
Name: NORSE, KRISTIN  
Address: PO BOX 3396  
City-St-Zip: TAMPA, FL 33601 US

Title: VD  
Name: HARVILLE, DIANA  
Address: 905 WEST WARREN AVENUE  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: DIANA HARVILLE

VD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date