2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009471

FILED Apr 14, 2009 Secretary of State

Entity Name: THE STAGE THEATRE, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	RIOT DRIVE NE, FL 32940				
Current Mailing Address:			New Maili	New Mailing Address:	
	RIOT DRIVE NE, FL 32940				
FEI Number:	43-1989182	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
1494 PATÉ	MARGARET E RIOT DRIVE NE, FL 32940	US			
The above in the State		ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () I BOWMAN, MARC 1494 PATRIOT E MELBOURNE, F	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () I MENTER, WILLI 271 DICKINSON PALM BAY, FL 3	ST. SE	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition MENTER, WILLIAM 271 DICKINSON ST. SE PALM BAY, FL 32907	
Title: Name: Address: City-St-Zip:	DT () I BOWMAN, ROBE 1494 PATRIOT D MELBOURNE, F	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DS () Change (X) Addition ELAM, ANNE E 5977 INDIGO CROSSING DR VIERA, FL 32955	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ELAM, CARSON J 5977 INDIGO CROSSING DR VIERA, FL 32955	

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: ROBERT M BOWMAN TREA 04/14/2009