2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000000380

Entity Name: THEATRICAL PAYROLL SERVICE OF FLORIDA, INC.

Current Principal Place of Business:

7663 165TH ST. NO.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4520 NE 18TH AVE, THIRD FLOOR
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 45-0498177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLASSMAN, ALAN H
410 NW 68TH AVENUE
APT#502
PLANTATION, FL 33317 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:	P	( ) Delete
Name:	COLL, JAMES P	
Address:	1710 NE 64TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33314	
Title:	V	( ) Delete
Name:	TOTH, CRAIG	
Address:	1041 S. PARK ROAD, APT#309	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	T	( ) Delete
Name:	HOBBS, CRAIG A	
Address:	601 NW 87TH LANE	
City-St-Zip:	CORAL SPRIMGS, FL 33071	
Title:	S	( ) Delete
Name:	GLASSMAN, ALAN H	
Address:	410 NW 64TH AVENUE, APT#502	
City-St-Zip:	PLANTATION, FL 33317	

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: JOHN R. LEBLANC ADMN 04/14/2009

Electronic Signature of Signing Officer or Director — Date