2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010389

Entity Name: PERFORMER'S PLAYHOUSE, INC.

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15999 PINES BLVD 15999 PINES BLVD.

PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

10252 S.W. 12TH STREET 10252 S.W. 12TH STREET PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US

FEI Number: 65-0694656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LEWIS, JERRY SR 10252 SW 12TH STREET PEMBROKE PINES, FL 33025 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LEWIS, SONYA D DMD LEWIS, SONYA D DMD Name: Name: 14041 MUSTANG TRAIL Address: 14041 MUSTANG TRAIL Address:

City-St-Zip: SW RANCHES, FL 33330 City-St-Zip: SW RANCHES, FL 33330 US

(X) Change () Addition Title: () Delete Title: LEWIS, DOLORES J Name: LEWIS, DOLORES J Name:

Address: 10252 SW 12TH STREET Address: 10252 SW 12TH STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: () Delete Title: (X) Change () Addition

LEWIS, JERRY JR. LEWIS, JERRY JR. Name: Name: 10252 SW 12TH STREET 10252 SW 12TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 US

() Delete Title: Title: (X) Change () Addition

LEWIS, JERRY SR. Name: Name: LEWIS, JERRY SR. Address: 10252 SW 12TH STREET Address: 10252 SW 12TH STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025 US

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: JERRY H. LEWIS D 01/11/2009