

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010395

FILED
Jul 12, 2005
Secretary of State

Entity Name: PHOENIX THEATRICAL COMPANY, INC.

Current Principal Place of Business:

5428 FOX VALLEY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

309 S PALMWAY #4
LAKE WORTH, FL 33460

Current Mailing Address:

5428 FOX VALLEY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

309 S PALMWAY #4
LAKE WORTH, FL 33463

FEI Number: 45-0528219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORDES, BRIAN M
1627 NORTH O STREET, REAR
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

CORDES, BRIAN M
309 S PALMWAY #4
LAKE WORTH, FL 33460 US

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: BRIAN M. CORDES

07/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUSGRAVE, BARBARA
Address: 422 PILGRIM ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete
Name: SCHABER, DENNIS
Address: 1430 NORTH K STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: SEC () Delete
Name: SEGUIN, ROBERT A SR.
Address: 5429 FOX VALLEY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

Title: TRES () Delete
Name: CORDES, BRIAN M
Address: 1627 NORTH O STREET, REAR
City-St-Zip: LAKE WORTH, FL 33460

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: TRES (X) Change () Addition
Name: CORDES, BRIAN M
Address: 309 S PALMWAY #4
City-St-Zip: LAKE WORTH, FL 33460

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: BRIAN M. CORDES

TRES

07/12/2005

Electronic Signature of Signing Officer or Director

Date