## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001043

Entity Name: JOHN BATTLE THEATRE ENSEMBLE, INC.

FILED Jan 08, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
720 NW 9 <sup>-</sup> HALLAND	TH AVE PALE, FL 33009	3501 JACKSON ST APT 412 BD #2 HOLLYWOOD, FL 330		
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
3501 JACH APT 412 HOLLYWO	KSON ST DOD, FL 33021	3501 JACKSON ST APT 412 BD # 2 HOLLYWOOD, FL 330		
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:	
2601 SW 1	JOHN W III 195 TERR r, FL 33029 US	BATTLE, JOHN W III 3501 JACKSON ST APT 412 BD # 2 HOLLYWOOD, FL 330	021 US	
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			01/08/2008	
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( ) Delete BATTLE, JOHN W III 2601 SW 195 TERR MIRAMAR, FL 33029	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () Delete ALLEN, ROBIN 2455 NW 162 ST MIAMI, FL 33054	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) Delete WORTHY, KAREN PO BOX 681553 MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ( ) Delete CARTER, LAVERNE L MRS 13900 VAN BUREN ST MIAMI, FL 33176	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DT () Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN BATTLE III DP 01/08/2008

BATTLE JR, JOHN W MR.

2601 SW 195 TERR

MIRAMAR, FL 33029

Name:

Address: City-St-Zip: