


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000829 1. Entity Name STAGEDOOR PERFORMING ARTS, INC.					
Principal Place of Business 501 S BRYAN CIRCLE BRANDON, FL 33511			Mailing Address 501 S BRYAN CIRCLE BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # 7512 Robindale Road Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 89363 Suite, Apt. #, etc. TAMPA, FLA. City & State			
City & State Tampa, FL Zip 33619		Country USA		4. FEI Number 52-2457496	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent OTTO, WAYNE 501 S BRYAN CIRCLE BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Josie M. Costa Street Address (P.O. Box Number is Not Acceptable) 7512 Robindale Road City Tampa FL Zip Code 33619		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Josie M. Costa <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Josie M. Costa <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 9/2/08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OTTO, WAYNE 501 S BRYAN CIRCLE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAURICE Cecchini 1739-Shady Leaf DR. VALRICO, FL 33596	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MILLER, BRUCE 608 W JERSEY AVE BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Doni Holmes 10211 SPANISH Breeze Ct. Riverview, FL 33578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PAZO, DOMIN 11114 ROBERTS LANE RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800136342928 09/25/08--01048--008 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COSTA, JOSIE 7512 ROBINDALE RD TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, THERESA 608 W JERSEY AVE BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Josie M. Costa <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Treasurer <small>Date</small>		9/2/08 <small>Daytime Phone #</small>	
(813) 240-3700		ch250			

FILED
08 SEP 25 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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