## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000829

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: STAGEDOOR PERFORMING ARTS, INC.

( ) Delete

() Delete

FILED May 31, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:		
7512 ROBI TAMPA, FL	NDALE ROAD - 33619			
Current Ma	ailing Address:	New Mailing Address:		
P.O.BOX 8 TAMPA, FL	9363 - 336890406			
	ce with s. 607.193(2)(b), F.S., the corporation did not receive t	•	е.	Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
COSTA, JO 7512 ROBI TAMPA, FL	NDALE ROAD			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	ts registered	office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Agent				Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () Delete CECCHINI, MAURICE 1739 SHADY LEAF DR. VALRICO, FL 33596	Title: Name: Address: City-St-Zip:	P ( PAZO, DOMII 11114 ROBE RIVERVIEW,	RTS LANE
Title: Name: Address: City-St-Zip:	S () Delete HOLMES, DONI 10211 SPANISH BREEZE CT. RIVERVIEW, FL 33578	Title: Name: Address: City-St-Zip:	S ( MILLER, THE 608 WEST JI BRANDON, F	ERSEY AVE.
Title: Name: Address: Citv-St-Zip:	T () Delete COSTA, JOSIE 7512 ROBINDALE RD TAMPA. FL 33619	Title: Name: Address: Citv-St-Zip:	T ( COSTA, JOS 7512 ROBINI TAMPA, FL 3	DALE RD

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSIE M. COSTA TRES 05/31/2009

( ) Change (X) Addition

( ) Change (X) Addition

DOUGLAS, JONATHAN B

FAUROTE, RICHARD J

RIVERVIEW, FL 33578

TAMPA, FL 33619

2014 WISHING WELL WAY

10206 CASA PALARMO DRIVE