2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N05000005615

Entity Name: CIRCUS CITY CLOWNS, INC.

Current Principal Place of Business:

5445 SOUTHERLY WAY
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5445 SOUTHERLY WAY
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-2854005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPARD, DAVID
5445 SOUTHERLY WAY
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHEPARD, DAVID
Address: 5445 SOUTHERLY WAY
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete
Name: SHEPARD, SHERRI
Address: 5445 SOUTHERLY WAY
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Delete
Name: DECHANT, KAREN
Address: 4947 LAKESCENE PLACE
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete
Name: DECHANT, BARRY
Address: 4947 LAKESCENE PLACE
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete
Name: PETTIS, LU ANN
Address: 4535 PARNELL DR
City-St-Zip: SARASOTA, FL 34232

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID SHEPARD P 01/08/2008

Electronic Signature of Signing Officer or Director — Date