

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005615

FILED  
Jan 09, 2012  
Secretary of State

**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/TR  
**Name:** SHEPARD, DAVID  
**Address:** 5445 SOUTHERLY WAY  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** S/VP  
**Name:** SHEPARD, SHERRI  
**Address:** 5445 SOUTHERLY WAY  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** DR  
**Name:** LINDA, MASON  
**Address:** 4428 SANIBEL WAY  
**City-St-Zip:** BRADENTON, FL 34203

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID SHEPARD

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01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date