2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N05000009293

Entity Name: THE BOB LAPIERRE THEATRE COMPANY, INC.

Current Principal Place of Business:

6214 NAVAJO TERR
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6214 NAVAJO TERR
MARGATE, FL 33063

New Mailing Address:

FEI Number: 13-4182236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARDO, ANDRE L PH.D
6214 NAVAJO TERR
MARGATE, FL 33063 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: DR. ( ) Delete
Name: PARDO, ANDRE' DR.
Address: 6214 NAVAJO TERR
City-St-Zip: MARGATE, FL 33063

Title: VP. ( ) Delete
Name: HYPPOLITE, LYA E MS
Address: 1625 NW 80TH AVE UNIT 25H
City-St-Zip: MARGATE, FL 33063

Title: TRE. ( ) Delete
Name: ZEPHIRIN, ANTONIO E PROF.
Address: 88-26 218TH PL
City-St-Zip: QUEENS VILLAGE, NY 11427

Title: SEC. ( ) Delete
Name: PARDO, EDMEE H EDU
Address: 6214 NAVAJO TERR.
City-St-Zip: MARGATE, FL 33063

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:

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: DR. ANDRÉ LAPIERRE PARDO PRES 03/07/2009

Electronic Signature of Signing Officer or Director — Date