2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05827

1. Entity Name

THE VILLAGE PLAYERS, INC.



FILED Aug 29, 2003 8:00 am Secretary of State

08-29-2003 90091 021 ****61.25

			Mailing Address 501 US HIGHWAY ONE (VILLAGE HALL) N. PALM BEACH FL 33408			#88001 6 1 60 88 0	TT 20101 (2010 1101) 1870 AT	- *1 8:8) 8 8 8 6	#JAIN 40401 JAAJ
2. Principal Place of Business 3			3. Mailing Address						NKI KILIK INA
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2777436			Applied For
_ Zip	Country	Zi	0	Country	5.	Certificate of Sta	tus Desired	\$8.75 A	
	6. Name and Address	of Current Register	ed Agent		7.	Name and Addr	ess of New Registe		1190
				Name				<u>-</u>	
SMITH, ROMA 8146 S. VIRGINIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
PALM BCH GARDENS FL 33418			Čity					Zip Co	ode
8. The above named entity submits this statement for the purpose of c					***			PL	
	Signature, typed or printed name of FILE NOW: FEE IS \$ sember 10, 2003, min	61.25		: Registered Agent signa npaign Financing ontribution.	\$5.	.00 May Be	Make Ch	neck Payabi partment of	
10.	OFFICE	RS AND DIRECTORS		11.	ADDI	TIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS	IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, JEAN 2555 PGA BLVD ∲173 PALM BEACH GARDE	; ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chango	≥ ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, ROSEANN 8 COMPTON WAY BOYNTON BCH FL 33	426	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	remain in the		س ۱۹۹۳ بيان سيد ن ۲۰	Change	e ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC DEMARIO, ARTHUR 2013 BEDFORD DR PALM BEACH GARDEI	NS FL 33403	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3826 1	ector			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINCH, DIANE 8764 BURMA RD LAKE PARK FL 33403		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMARIO, CARMELINE 2013 BEDFORD DR PALM BEACH GARDEI		Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ALAN 902 GARNETT ST LANTANA FL 33462		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		dent/Dir ns, Alan		Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: