

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N06000010278

1. Entity Name
EXCEPTIONAL THEATER COMPANY, INC.



Principal Place of Business
**12663 NW 18 MANOR
PEMBROKE PINES, FL 33028**

Mailing Address
**12663 NW 18 MANOR
PEMBROKE PINES, FL 33028**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1510439

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVY, RUBEN
12663 NW 18TH MANOR
PEMBROKE PINES, FL 33028**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000778096
01/10/08-80036-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEVY, RUBEN 12663 NW 18TH MANOR PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MEYERS, JERRY 1501 NW 109TH TERR PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALMEIDA, BELKIS 3433 MADRID AVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAY, JANE 728 GRANADA DR BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, BETH 1430 NW 122 AVE HOLLYWOOD, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruben Levy 1/8/08 954-4430000