## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010718

FILED Aug 07, 2012 Secretary of State

Entity Name: INSOMNIAC THEATRE COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

2202 SE 29TH STREET 1 E. SILVER SPRINGS BLVD.

OCALA, FL 34471 OCALA, FL 34470

Current Mailing Address: New Mailing Address:

2202 SE 29TH STREET 1 E. SILVER SPRINGS BLVD.

OCALA, FL 34471 OCALA, FL 34470

FEI Number: 14-1982089 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, CHAD 2202 SE 29TH STREET OCALA, FL 34471 US

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:** 

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 Name:
 TAYLOR, CHAD

 Address:
 2202 SE 29TH STREET

 City-St-Zip:
 OCALA, FL 34471

Title: \

Name: JAMES, RYAN

Address: 5101 SW 60TH ST. RD. APT. 3006

City-St-Zip: OCALA, FL 34474

Title: D

Name: SEUFERT, JONATHAN Address: 2901 SW 41ST ST. APT.1905

City-St-Zip: OCALA, FL 34474

Title:

 Name:
 REITZ, MARK

 Address:
 822 SE 35TH AVE

 City-St-Zip:
 OCALA, FL 34471

Title: D

Name: TAYLOR, BOB Address: 1701 NE 42ND AVE. City-St-Zip: OCALA, FL 34471

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: CHAD TAYLOR P 08/07/2012