2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# N06000012529

Entity Name: NEW RELEPHANT THEATRE, INC.

Current Principal Place of Business:

1860 THUNDERBIRD TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1860 THUNDERBIRD TRAIL
MAITLAND, FL 32751

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOYNER, THOMAS P
1860 THUNDERBIRD TRAIL
MAITLAND, FL 32751 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: D P ( ) Delete
Name: JOYNER, THOMAS P
Address: 1860 THUNDERBIRD TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D VP ( ) Delete
Name: NOWICKI, TOM
Address: 1111 WASHINGTON AVE #6
City-St-Zip: WINTER PARK, FL 32789

Title: D S ( ) Delete
Name: REINSEL, NICHOL
Address: 624 RENAISSANCE POINTE, APT 204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D T ( ) Delete
Name: FAYE, ROXANNE
Address: 2170 BELMAR DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: TOM NOWICKI DVP 09/05/2007
Electronic Signature of Signing Officer or Director — Date