


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90182 008 ****61.25

DOCUMENT # N06072 1. Entity Name SEASIDE MUSIC THEATER, INC.	
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Principal Place of Business 901 SIXTH ST. DAYTONA BEACH, FL 32117	Mailing Address P.O. BOX 2835 DAYTONA BEACH, FL 32120
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50044835



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2501526	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KENDALL, DAVID R 901 SIXTH STREET DAYTONA BEACH, FL 32117

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAT GILLESPIE, WILLIAM M ESQ P O BOX 580 NEW SMYRNA BEACH, FL 32170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSAT HARGREAVES, LINDA 1848 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS KELLY, THOMAS C DR 89 S ATLANTIC AVE UNIT 1004 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/05 386-681-2516