

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06072

FILED
Apr 01, 2008
Secretary of State

Entity Name: SEASIDE MUSIC THEATER, INC.

Current Principal Place of Business:

221 N. BEACH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

221 N. BEACH STREET, STE. 101
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

P.O. BOX 2835
DAYTONA BEACH, FL 32120

New Mailing Address:

221 N. BEACH STREET, STE. 101
DAYTONA BEACH, FL 32114 US

FEI Number: 59-2501526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALIZIA, LESTER
901 SIXTH STREET
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

MALIZIA, LESTER
221 N. BEACH STREET, STE. 101
DAYTONA BEACH, FL 32114 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: WILLIAM M. GILLESPIE, ESQ.

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PAT () Delete
Name: GILLESPIE, WILLIAM M ESQ
Address: P O BOX 580
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: VSAT () Delete
Name: HARGREAVES, LINDA
Address: 1848 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TAS () Delete
Name: KELLY, THOMAS C DR
Address: 89 S ATLANTIC AVE UNIT 1004
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PAT (X) Change () Addition
Name: GILLESPIE, WILLIAM M ESQ
Address: P O BOX 580
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: VSAT (X) Change () Addition
Name: GILLESPIE, THURMAN DR.
Address: 880 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: TAS (X) Change () Addition
Name: KELLY, THOMAS C DR
Address: 89 S ATLANTIC AVE UNIT 1004
City-St-Zip: ORMOND BEACH, FL 32176 US

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: WILLIAM GILLESPIE

PAT

04/01/2008

Electronic Signature of Signing Officer or Director

Date