

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001723

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: ST. PETERSBURG OPERA COMPANY

**Current Principal Place of Business:**

555 5TH AVE NE  
APT 1232  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

555 5TH AVE NE  
APT 1232  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 20-8523525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAPUSLA, ROBERT JR  
100 SECOND AVENUE SOUTH  
STE 701  
ST PETERSBURG, FL 33701 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: CEO ( ) Delete  
Name: MCCLENDON, DOYLE  
Address: 555 5TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: PD ( ) Delete  
Name: MCCLENDON, DOYLE  
Address: 555 5TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: VPSD ( ) Delete  
Name: SFORZINI, MARK  
Address: 215 S HALE AVE  
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete  
Name: SFORZINI, MARK  
Address: 215 S HALE AVE  
City-St-Zip: TAMPA, FL 33609

Title: VPSD ( ) Delete  
Name: KAPUSTA, ROBERT JR  
Address: 100 2ND AVE SOUTH - STE 701  
City-St-Zip: ST PETERSBURG, FL 33701

**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:

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: CHRISTINA ROSSIGNOL

MISS

01/22/2008

Electronic Signature of Signing Officer or Director

Date