

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003231

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE STUDIO THEATRE OF WELLINGTON, INC.

Current Principal Place of Business:

11320 FORTUNE CIRCLE, G-7
WELLINGTON, FL 33414

New Principal Place of Business:

1895 PRIMROSE LANE
WELLINGTON, FL 33414 86

Current Mailing Address:

11320 FORTUNE CIRCLE, G-7
WELLINGTON, FL 33414

New Mailing Address:

1895 PRIMROSE LANE
WELLINGTON, FL 33414 86

FEI Number: 20-8779396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACKETT, PAULA
11320 FORTUNE CIRCLE, G-7
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SACKETT, PAULA
1895 PRIMROSE LANE
WELLINGTON, FL 334148662 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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SACKETT, PAULA
Address: 1895 PRIMROSE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HARRIS, LEE
Address: 11320 FORTUNE CIRCLE, G-7
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HARLESS, ROBERT
Address: 5550 SOUCHAK
City-St-Zip: W. PALM BCH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARRIS, LEE
Address: 11320 FORTUNE CIRCLE, E-1
City-St-Zip: WELLINGTON, FL 33414

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: PAULA SACKETT

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date