2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005757

Entity Name: RISING ACTION THEATRE, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

840 E OAKLAND PARK BLVD STE 106 OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

1831 NE 59 CT FT LAUDERDALE, FL 33308

FEI Number: 30-0425052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOLDYN, DAVID 1831 NE 59 CT

FT LAUDERDALE, FL 33308 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 GOLDYN, DAVID
 Name:
 GOLDYN, DAVID

 Address:
 1831 NE 59 CT
 Address:
 1831 NE 59 CT

City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: FT LAUDERDALE, FL 33308

Title: T () Delete Title: () Change () Addition

 Name:
 CANGELOSI, MICHAEL
 Name:

 Address:
 1831 NE 59 CT
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33308
 City-St-Zip:

Title: S () Delete Title: D (X) Change () Addition

Name: BENSMAN, HARRIET Name: JENSEN, JERRY

 Address:
 1959 LAVENDAR CIRCLE
 Address:
 800 PARKVIEW DRIVE #1002

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 HALLANDALE, FL 33309

Title: V () Delete Title: () Change () Addition

 Name:
 KELLER, VICKI
 Name:

 Address:
 13611 OAKS CLUBHOUSE DRIVE APT 206
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 FABIAN, PHIL
 Name:

 Address:
 113926 SUNRISE DRIVE
 Address:

 City-St-Zip:
 WHITTIER, CA 90602
 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: DAVID GOLDYN PRES 01/06/2009