

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006911

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BAY AREA IMPROV THEATRE, INC.

## Current Principal Place of Business:

1509 S. HABANA AVE STE B  
TAMPA, FL 33629

## New Principal Place of Business:

1509 S. HABANA AVE  
STE B  
TAMPA, FL 33629

## Current Mailing Address:

1509 S. HABANA AVE STE B  
TAMPA, FL 33629

## New Mailing Address:

1509 S. HABANA AVE  
STE B  
TAMPA, FL 33629

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINI, TOBY  
1509 S. HABANA AVE STE B  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

MARTINI, TOBY  
1509 S. HABANA AVE  
STE B  
TAMPA, FL 33629 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:

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARTINI, TOBY  
Address: 1509 S. HABANA AVE STE B  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: BUKOVEY, LARRY  
Address: 24862 US HWY 19 N UNIT 2401  
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete  
Name: WAYNE, RICKY  
Address: PO BOX 5775  
City-St-Zip: CLEARWATER, FL 33758

## 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:

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: TOBY MARTINI

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date