2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N07000008552

Entity Name: ANIMATE OBJECTS PHYSICAL THEATER, INC.

Current Principal Place of Business:

2902 W TRADE AVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 332115
MIAMI, FL 33233

New Mailing Address:

PO BOX 330004
MIAMI, FL 33233

FEI Number: 26-1089463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNOLDS, ILEIGH
2902 W TRADE AVE
MIAMI, FL 33133 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: P ( ) Delete
Name: REYNOLDS, ILEIGH
Address: 2902 W TRADE AVE
City-St-Zip: MIAMI, FL 33133

Title: C ( ) Delete
Name: PIRIE, LOCK
Address: 8720 SW 159TH ST
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: LOGAN, HANNAH
Address: 5814 NE 4TH CT #7
City-St-Zip: MIAMI, FL 33137

Title: T (X) Delete
Name: MORRIS, ROBYN
Address: 807 8TH STREET #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: PIRIE, DIANE
Address: 8720 SW 159TH ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change ( ) Addition
Name: PIRIE, LOCKWOOD M
Address: 8720 SW 159TH ST
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change ( ) Addition
Name: PIRIE, DIANE H
Address: 8720 SW 159 ST
City-St-Zip: MIAMI, FL 33157

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: DIANE H. PIRIE D 05/01/2008

Electronic Signature of Signing Officer or Director — Date