2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# N08431

Entity Name: THE MANATEE PLAYERS, INC.

Current Principal Place of Business:

102 OLD MAIN ST.
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

102 OLD MAIN ST.
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 59-1196043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

RICHARDSON, NINA
8005 DESOTO MEMORIAL HWY
BRADENTON, FL 34209 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: NINA RICHARDSON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	RICHARDSON, NINA	
Address:	8005 DESOTO MEMORIAL HWY	
City-St-Zip:	BRADENTON, FL 34209	
Title:	DPE	( ) Delete
Name:	PIZZO, DR ANTHONY	
Address:	1515 RIVERVIEW LN	
City-St-Zip:	BRADENTON, FL 34209	
Title:	DT	( ) Delete
Name:	WEST, HAL	
Address:	118 TIDY ISLAND BLVD.	
City-St-Zip:	BRADENTON, FL 34210	
Title:	DV	( ) Delete
Name:	HAMAD, MICHAEL	
Address:	6230 WARBLER LN	
City-St-Zip:	LAKEWOOD RANCH, FL 34202	
Title:	DS	( ) Delete
Name:	ROMINE, SUSAN G	
Address:	6211 TIMBERLAKE DR	
City-St-Zip:	SARASOTA, FL 34243	

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: NINA RICHARDSON DP 09/30/2009
Electronic Signature of Signing Officer or Director — Date