2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-03-2002 90167 047 ****61.25

DOCUMENT # N09139

1. Entity Name

ORLANDO THEATRE PROJECT, INC.

Principal Place of Business	Mailing Address
100 WELDON BLVD SANFORD FL 32773 US	100 WELDON BLVD. SANFORD FL 32773 US

90321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2557659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNAN, TERRY 200 S ORANGE AVENUE ORLANDO FL 32801	Name: Eugene Klein Street Address (P.O. Box Number is Not Acceptable): c/o UCF News Bureau 400 Central Florida Blvd. Room 338J City: Orlando FL Zip Code: 32816

8. 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 _____ 5 May 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SZCZESNIAK, SANDY 1000 AAA DRIVE HEATHROW FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Chris Pfingsten 2720 Wright Avenue Orlando, FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POWERS, SUZANNE 2710 REW CIRCLE SUITE 100 OCOEE FL 34-7616	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President Doug Truelsen 673 Scarlet Oak Circle #103 Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, TERRY 200 S ORANGE AVE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer James Howard 330 North Park Avenue Winter Garden, FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JODY 2230 NEWT STREET ORLANDO FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Eugene Klein 3733 N. Goldenrod Rd #709 Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, KEY 419 SEYMOURE COURT LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELVIN, JANE 5900 LAKE ELLENOR DR ORLANDO FL 32859	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 3-5-02 4076445833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #