2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09139

FILED Jun 11, 2008 Secretary of State

Entity Name: ORLANDO THEATRE PROJECT, INC.

US

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

1001 E. PRINCETON STREET ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

P.O. BOX 536274 ORLANDO, FL 32853

FEI Number: 59-2557659 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: Name and Address of New Registered Agent:

PFINGSTEN, ROBERT C
2720 WRIGHT AVENUE
WINTER PARK, FL 32789
US
LETCHFORD, SUZANNA K
610 KINGSMILL COVE #112
LAKE MARY, FL 32746
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: SUZANNA K LETCHFORD 06/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: BALLARD, ASHLEY D Name: STOLL, CYNTHIA L

Address: 673 SCARLET OAK CIRCLE, #103 Address: 258 HAWTHORNE GROVES BLVD 200

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US City-St-Zip: ORLANDO, FL 32835 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: PFINGSTEN, ROBERT C Name: HOWARD, JAMES W
Address: 2720 WRIGHT AVENUE Address: 336 NORTH PARK AVE

City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TD () Delete Title: () Change () Addition

 Name:
 HAMRAH, GEÖRGE N
 Name:

 Address:
 5208 TWINE STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32821 US
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: GRANT, VALERIE Name: LETCHFORD, SUZANNA K 9013 SPENCE COURT 610 KINGSMILL COVE #112 Address: Address: City-St-Zip: GOTHA, FL 34734 US City-St-Zip: LAKE MARY, FL 32746 US

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: SUZANNA LETCHFORD S 06/11/2008