

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009457

FILED  
Feb 26, 2011  
Secretary of State

**Entity Name:** MUSIC THEATER BAVARIA, INC.

**Current Principal Place of Business:**

1548 LANGHAM TERR  
LAKE MARY, FL 327461971

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 533939  
ORLANDO, FL 328533939

**New Mailing Address:**

**FEI Number:** 27-3753774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAVIS, JOAN R  
1548 LANGHAM TERR  
LAKE MARY, FL 327461971 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: DP  
Name: TRAVIS, JOAN R  
Address: 1548 LANGHAM TERR  
City-St-Zip: LAKE MARY, FL 327461971

Title: D  
Name: MINYARD, BRIAN  
Address: 726 31ST STREET  
City-St-Zip: ORLANDO, FL 32805

Title: DT  
Name: JANAS, GEORGE  
Address: 1763 COCOPLUM CT  
City-St-Zip: LONGWOOD, FL 32779

Title: DV  
Name: REMOUNDOS, GEORGE  
Address: 5529 CEDAR PINE DR  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: MORDEN, BENJAMIN  
Address: 11337 CENTER LAKE DR  
City-St-Zip: WINDERMERE, FL 34786

Title: DS  
Name: MOON, LILLIAN C  
Address: 270 W. 2ND STREET  
City-St-Zip: CHULUOTA, FL 32766

I hereby 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 all other like empowered.

SIGNATURE: JOAN R TRAVIS

DP

02/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date