2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N11564

Entity Name: FLORIDA CHILDREN'S REPERTORY THEATRE, INC.

Current Principal Place of Business:

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

% WILLIAM M HOBBY III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2710191 **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:

HOBBY, WILLIAM M III
157 E NEW ENGLAND AVE #375
WINTER PARK, FL 32789 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: PD ( ) Delete
Name: COMBS, STEPHEN
Address: 2812 WOODSIDE AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: D ( ) Delete
Name: LINDBERG, GENIE
Address: 222 YARMOUTH RD
City-St-Zip: FERN PARK, FL 32730 US

Title: DST ( ) Delete
Name: HEARD, DOREEN B DR
Address: 4036 WITTWOOD COURT
City-St-Zip: ORLANDO, FL 32817 US

Title: D ( ) Delete
Name: DRUMMOND, DIANA
Address: 5025 MILL STREAM RD.
City-St-Zip: OCOEE, FL 34761 US

Title: D ( ) Delete
Name: BARKER, PATRICIA
Address: 6757 RUBENS COURT
City-St-Zip: ORLANDO, FL 32818 US

Title: D ( ) Delete
Name: DUGGAN, GLORIA
Address: 1155 CALLE DEL NORTE, APT. C
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COMBS, STEPHEN
Address: 2812 WOODSIDE AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

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: DOREEN B. HEARD DR. 05/15/2008

Electronic Signature of Signing Officer or Director — Date