2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N29158

Entity Name: CENTRAL FLORIDA LYRIC OPERA, INC.

Current Principal Place of Business:

5111 CLARCONA-OCOEE RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1881
WINTER PARK, FL 327901881

New Mailing Address:

FEI Number: 59-2919946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOHERTY, BILL
5111 CLARCONA OCOEE RD
ORLANDO, FL 32810

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: D ( ) Delete
Name: OPPENHEIMER, GAIL
Address: 114 SATSUMA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MD ( ) Delete
Name: DOHERTY, BILL
Address: 5111 CLARCONA-OCOEE RD
City-St-Zip: ORLANDO, FL 32810

Title: PD ( ) Delete
Name: BARIMO, MILLICENT
Address: 704 KIWI CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: COLLIER, MARY
Address: 1304 SPRING LAKE DR
City-St-Zip: ORLANDO, FL 32804

Title: VMD (X) Delete
Name: DOHERTY, BILL
Address: 5111 CLARCONA OCOEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: TD (X) Delete
Name: COLLIER, MARY
Address: 1304 SPRING LAKE DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: DOHERTY, BILL
Address: 5111 CLARCONA-DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: PD (X) Change ( ) Addition
Name: BARIMO, MILLICENT
Address: 704 KIWI CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: PD (X) Change ( ) Addition
Name: STICCO, BETTY
Address: 17495 SE 112TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VMD (X) Change ( ) Addition
Name: DOHERTY, BILL
Address: 5111 CLARCONA-OCOEE RD
City-St-Zip: ORLANDO, FL 32810

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 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 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: BILL DOHERTY MD 05/01/2003
Electronic Signature of Signing Officer or Director — Date