


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 034 \*\*\*\*61.25

<b>DOCUMENT # N30352</b>							
1. Entity Name ORLANDO SHAKESPEARE THEATER, INC.							
Principal Place of Business 812 E ROLLINS ST STE 100 ORLANDO, FL 32803 US		Mailing Address 812 E ROLLINS ST STE 100 ORLANDO, FL 32803 US		40000			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 02132008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2931698	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PHILLIPS, BRIAN		NAME				
STREET ADDRESS	200 S. ORANGE AVE STE 2120		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	VD1	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TOOHEY, DEBBI		NAME	PD Toohey, Debbi			
STREET ADDRESS	8993 CRICHTON WOOD DR.		STREET ADDRESS	8993 Crichton Wood Dr.			
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUIGLEY, JOHN		NAME				
STREET ADDRESS	111 N ORANGE AVE., SUITE 600		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RAPP, JANET		NAME				
STREET ADDRESS	111 N. ORANGE AVE STE 1100		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Managing Director			
STREET ADDRESS			STREET ADDRESS	Donna Law			
CITY-ST-ZIP			CITY-ST-ZIP	812 E Rollins St, Ste 100			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Donna Law</i>			Date: 2/26/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Donna Law			Daytime Phone #: 407-447-1700 x204				