2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33160

FILED Jan 21, 2009 Secretary of State

Entity Name: BOCA RATON THEATRE GUILD, INC.

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

SUGAR SAND PARK

BOCA RATON, FL 33486 US

Current Mailing Address: New Mailing Address:

P.O. BOX 273595

BOCA RATON, FL 33427 US

FEI Number: 65-0134626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OGRIN, BARRY 10605 MENDOCIND LN BOCA RATON, FL 33428 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

BRIGGS, DEBORAH PRES Name: Name: Address: 6403 VIA ROSA Address:

City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: Title: Title:

() Delete (X) Change () Addition Name: SCHIFF, LEAH SECRET Name: KEITH, GARSSON SECRET Address: 275 WILDWOOD CIRCLE Address: 3364 NW 53RD CIRCLE City-St-Zip: DEERFIELD BEACH, FL 33442 US City-St-Zip: BOCA RATON, FL 33496 US

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

MOLDOW, SUSAN TREAS CAROL, WHITE Name: Name: 6598 NW 32MD WAY 5284 BODEGA PLACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 US City-St-Zip: DELRAY BEACH, FL 33484 US

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

Name: OGRIN, BARRY Name: OGRIN, BARRY TREAS 10605 MENDOCINO LN 10605 MENDOCINO LN Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428

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: BARRY OGRIN **TREA** 01/21/2009