2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41353

FILED Feb 18, 2009 Secretary of State

Entity Name: GULFCOAST WONDER AND IMAGINATION ZONE, INC.

Current Principal Place of Business: New Principal Place of Business: 1001 BLVD. OF THE ARTS SARASOTA, FL 34236 US **Current Mailing Address: New Mailing Address:** 1001 BLVD. OF THE ARTS SARASOTA, FL 34236 US FEI Number: 65-0268098 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: BURNSTEIN, CHERYL 1001 BLVD OF THE ARTS SARASOTA, FL 34236 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COPR () Change () Addition () Delete NAIDITCH, IRVING Name: Name: 1000 LONGBOAT KEY CLUB ROAD Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: 1VPD () Delete Title: 2VPD (X) Change () Addition BLIVAS, DONALD Name: BLIVAS, DONALD Name: Address: 1266 FIRST ST Address: 1266 FIRST ST City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236 Title: COPR () Delete Title: () Change () Addition WERTHEIMER, BRUCE Name: Name: Address: PO BOX 2300 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHELDON, RICHARD Name: LAUGHNER, MARCY 3650 COUNTRY PL BLVD 4224 ESCONDITO CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: 1VPD () Change (X) Addition MENZIES, CHRISTOPHER Name: Name: 4665 ARBORFIELD ROAD Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34235 Title: () Delete Title: () Change (X) Addition QUARTERMAINE, BEN Name: Name: Address: Address: 5749 BRITANNIA DR SARASOTA, FL 34231 City-St-Zip: 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: CHERYL BURSTEIN DIR 02/18/2009