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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000152

1. Corporation Name

THEATRE A LA CARTE, INC.

Principal Place of Business	Mailing Address
2451 NUGGET LANE TALLAHASSEE FL 32303	2451 NUGGET LANE TALLAHASSEE FL 32303

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3138032	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HURST, ERIC R 2451 NUGGET LANE TALLAHASSEE FL 32303	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HURST, ERIC		1.2 NAME		
STREET ADDRESS	2451 NUGGET LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GORSUCH, CHRIS		2.2 NAME		
STREET ADDRESS	410 VICTORY GARDEN DR #7		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FREESE, ROBERTA		3.2 NAME		
STREET ADDRESS	3718 ROCKBROOK CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLETTI, CAROLINE		4.2 NAME	Jennifer Schuch	
STREET ADDRESS	1541 BAUM RD		4.3 STREET ADDRESS	402 Fairbanks Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	TLH, FL 32304	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WILHELM, GENEVIEVE		5.2 NAME	John J. Ackermann	
STREET ADDRESS	2680 HICKORY RIDGE RD		5.3 STREET ADDRESS	3604 Harwell Place	
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	TLH, FL 32303	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	FREESE, SCOTT		6.2 NAME	Libby McInnis	
STREET ADDRESS	3718 ROCKBROOK CT		6.3 STREET ADDRESS	1319 Ostin Neue	
CITY-ST-ZIP	TALLAHASSEE FL 32311		6.4 CITY-ST-ZIP	TLH, FL 32301	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/10/99 (850) 488-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #