


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000001835	
1. Entity Name CIVIC THEATRE FOUNDATION, INC.	

Principal Place of Business 1001 EAST PRINCETON STREET ORLANDO, FL 32803-1420 US	Mailing Address 1001 EAST PRINCETON STREET ORLANDO, FL 32803-1420 US
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07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3182316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UCF CIVIC THEATRE
4000 CENTRAL FLORIDA BLVD.
ORLANDO, FL 32816-2372

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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: Kathleen Goble Edwards Managing Director Kathleen Goble Edwards 7/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTOS, FRANK 7600 INTERNATIONAL DR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHRISTIENSEN, PATRICK 255 S. ORANGE AVE., 17TH FLOOR ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLSON, SONJA 150 N. SPRING LAKE DR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC HOLMES, BOB 12424 RESEARCH PARKWAY, #140 ORLANDO, FL 328263257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/09/04-80016-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: [Signature] 7/2/04 407-896-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #