2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

DOCUMENT# N93000002985

Entity Name: BROWARD STAGE DOOR THEATER, INC., A NONPROFIT CORPORATION

Current Principal Place of Business:

8036 W. SAMPLE RD.
MARGATE, FL 33065

New Principal Place of Business:

Current Mailing Address:

8036 W. SAMPLE RD.
MARGATE, FL 33065

New Mailing Address:

FEI Number: 65-0433773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORRES, DAVID R
1922 NW 83 DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	TORRES, DAVID R	
Address:	1922 NW 83 DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	TDS	( ) Delete
Name:	BUNN, DERELLE W	
Address:	22169 BOCA RANCHO DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	D	( ) Delete
Name:	TORRES, ELVIRA	
Address:	5271 ROYAL PALM BCH. BLVD.	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	BUNN, ERICA	
Address:	22169 BOCA RANCHO DR	
City-St-Zip:	BOCA RATON, FL 33428	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: DERELLE W. BUNN TDS 03/09/2006

Electronic Signature of Signing Officer or Director — Date