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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003423					
1. Corporation Name THE JONATHAN ROBINSON THEATRICAL WORKSHOP, INC.					
Principal Place of Business 239 AVENS RD NE PALM BAY FL 32907 US			Mailing Address P O BOX 100233 PALM BAY FL 32910 US		
2. Principal Place of Business 21 FR TW Inc. Suite, Apt. #, etc. 22 239 Avens Rd. NE City & State 23 Palm Bay Fla Zip Country 24 32910 25 USA		2a. Mailing Address 26 PO Box 100233 Suite, Apt. #, etc. 27 Palm Bay Fla City & State 28 32910 USA Zip Country 29 Brevard 30 FL		3. Date Incorporated or Qualified 07/29/1993 4. FEI Number 59-3193789 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROBINSON, MARYLOU 239 AVENS RD NE PALM BAY FL 32907			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME ED STREET ADDRESS JAMES, SHEILA CITY-ST-ZIP 975 SALLY STREET PALM BAY FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME S DANIELS, Goldwyn 1.3 STREET ADDRESS 4014 Tree Ridge Lane NE 1.4 CITY-ST-ZIP Palm Bay, Florida 32909		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS ROBINSON, JONATHAN CITY-ST-ZIP 975 SALLY STREET PALM BAY FL 32909			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DANIELS, Goldwyn 2.3 STREET ADDRESS 4014 Tree Ridge Lane NE 2.4 CITY-ST-ZIP Palm Bay, Florida 32909		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS ROBINSON, MARYLOU CITY-ST-ZIP 975 SALLY STREET PALM BAY FL 32909			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME DANIELS, Goldwyn 3.3 STREET ADDRESS 4014 Tree Ridge Lane NE 3.4 CITY-ST-ZIP Palm Bay, Florida 32909		
TITLE <input type="checkbox"/> DELETE NAME V STREET ADDRESS DRAKES, JOY CITY-ST-ZIP 1291 SAXONY ROAD SE PALM BAY FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME DANIELS, Goldwyn 4.3 STREET ADDRESS 4014 Tree Ridge Lane NE 4.4 CITY-ST-ZIP Palm Bay, Florida 32909		
TITLE <input type="checkbox"/> DELETE NAME T STREET ADDRESS JOYCE, PAMELA CITY-ST-ZIP 902 HAAS AVE NE PALM BAY FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME DANIELS, Goldwyn 5.3 STREET ADDRESS 4014 Tree Ridge Lane NE 5.4 CITY-ST-ZIP Palm Bay, Florida 32909		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS ROBINSON, RICHARD CITY-ST-ZIP 2467 S WASHINGTON AVENUE APT. 307B TITUSVILLE FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME DANIELS, Goldwyn 6.3 STREET ADDRESS 4014 Tree Ridge Lane NE 6.4 CITY-ST-ZIP Palm Bay, Florida 32909		

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: Marylou Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44-28-99-407-727-7727

Date

Daytime Phone #

CR2E037 (11/98)