

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005536

FILED
Mar 30, 2009
Secretary of State

Entity Name: GORILLA THEATRE, INC.

Current Principal Place of Business:

4419 NORTH HUBERT AVE.
NO. 9
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4419 NORTH MANHATTAN AVENUE
ATTN: PRISCILLA DEFRANCESCO
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3213527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, AUBREY
4419 N MANHATTAN AVE
TAMPA, FL 33614 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: HAMPTON, AUBREY
Address: 4419 N. MANHATTAN AVE.
City-St-Zip: TAMPA, FL

Title: VSTD (X) Delete
Name: HUSSEY, SUSAN
Address: 4419 N. MANHATTAN AVE.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: HAMPTON, MITCHELL
Address: 16 HARCOURT ST 2-P
City-St-Zip: BOSTON, MA 02116

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:

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: AUBREY HAMPTON

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date