

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005741

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PALETTE, MASK AND LYRE STUDIO THEATRE, INC.

**Current Principal Place of Business:**

5000 NORTH OCEAN BLVD.  
1607  
LAUDERDALE BY THE SEA, FL 33308 US

**New Principal Place of Business:**

5000 NORTH OCEAN BLVD.  
1607  
LAUDERDALE BY THE SEA, FL 33308 US

**Current Mailing Address:**

**New Mailing Address:**

5000 NORTH OCEAN BLVD.  
1607  
LAUDERDALE BY THE SEA, FL 33308 US

FEI Number: 65-0478705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALO MANN, JOANNE S  
5000 NORTH OCEAN BLVD.  
1607  
LAUDERDALE BY THE SEA, FL 33308 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: GALO MANN, JOANNE S  
Address: 5000 NORTH OCEAN BLVD. #1607  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: D ( ) Delete  
Name: GARNER, PAUL C  
Address: 400 VILLAGE BLVD. #C  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP ( ) Delete  
Name: MANN INVESTMENTS LLC  
Address: 5000 NORTH OCEAN BLVD. #1607  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

**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: JOANNE SANDRA GALO MANN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date