

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000753

FILED  
Mar 23, 2010  
Secretary of State

Entity Name: LIMELIGHT THEATRE INC

## Current Principal Place of Business:

11 OLD MISSION AVENUE  
ST AUGUSTINE, FL 32084 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1196  
ST AUGUSTINE, FL 32085 US

## New Mailing Address:

11 OLD MISSION AVENUE  
ST AUGUSTINE, FL 32084 US

FEI Number: 65-0471729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARPENTER, EMMA L  
604 AUGUSTA CIRCLE  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

PACETTI, W S  
11 OLD MISSION AVENUE  
ST. AUGUSTINE, FL 32084 US

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: W SCOTT PACETTI

03/23/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: BARTOSCH, SCOTT  
Address: 422 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D  
Name: COLEMAN, WILLIAM  
Address: 3423 LANDS END DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D  
Name: PACETTI, SCOTT W  
Address: 3910 COASTAL HIGHWAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D  
Name: SMITH, ELAINE  
Address: 325 MARSHSIDE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: SCOTT BARTOSCH

PD

03/23/2010

Electronic Signature of Signing Officer or Director

Date