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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

02-22-99 20197 099 ***61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006079

1. Corporation Name

P J CHILDREN'S THEATRE, INC.

Principal Place of Business	Mailing Address
1834 SANFORD CIR SARASOTA FL 34234 US	1834 SANFORD CIR SARASOTA FL 34234 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1293976 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALDRON, MICHAEL J 3016 EDEN MILLS DR. SARASOTA FL 34237 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1834 SANFORD Circle SARASOTA FL. 34234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBINSTEIN, DR. LEONARD 4921 HIGEL AVE. SARASOTA FL 34242 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDRICKS, KATHLEEN M 6446 HOLLYWOOD BLVD. SARASOTA FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, JOSIE 29 SANDY COVE SARASOTA FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition 34242
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAMMELL, JEAN 418 GULF ST VENICE FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition 34285
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	02-22-99 20197 099 $61.25 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition D ARLENE J. PEARLMAN 2755 HORSESHOE COURT SARASOTA, FL 34235

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: _____ 3/9/99 (941) 329-2638
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
M. KATHLEEN HENDRICKS TREASURER

CR2E037 (11/98)