

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90193 049 \*\*\*\*61.25

**DOCUMENT # N95000000629**

1. Entity Name

**THEATERIFFIC, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 717  
 FLAGLER BCH FL 32136  
 US

P.O. BOX 717  
 FLAGLER BCH FL 32136  
 US

00016108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2166152**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, CAROL BAUER**  
**105 BARRINGTON**  
**PALM COAST FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROCHFORD, DOROTHY</b>	
STREET ADDRESS	<b>10 SOUTH BURY CT</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>MS</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, CAROL B</b>	
STREET ADDRESS	<b>105 BARRINGTON DR.</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>PARHAM, ANDREA</b>	
STREET ADDRESS	<b>19 WINTHROP LN</b>	
CITY-ST-ZIP	<b>FLAGLER BCH FL 32136</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRALLIER, PATTI</b>	
STREET ADDRESS	<b>138 WELLSTONE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIAN, TONDA</b>	
STREET ADDRESS	<b>2340 S OCEANSHORE BLVD</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARO, CORRIS</b>	
STREET ADDRESS	<b>19 OLD KINGS ROAD, NO. C107</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAGLER, DEBRA</b>	
STREET ADDRESS	<b>69 CHRISTOPHER CT</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 386-445-1148  
 Date Daytime Phone #

CR2E037 (9/01)