

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000001549 (3)**

1. Corporation Name

**THEATRE CONSPIRACY, INC.**

Principal Place of Business

Mailing Address

**10091 MCGREGOR BLVD.  
FORT MYERS FL 33919****10091 MCGREGOR BLVD.  
FORT MYERS FL 33919-1002**3. Date Incorporated or Qualified  
**04/03/1995**3a. Date of Last Report  
**02/16/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.**26** *10051 McGregor Blvd***22** City & State**27** *107***23** Zip**28** *A. Myers, FL***24** Country**29** *33919***30** Country4. FEI Number  
**65-0569413**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 300  
FORT MYERS FL 33919****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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MIDDLEKAUFF, PATRICIA L**  
CITY-ST-ZIP **19116 COCONUT ROAD, SE  
FORT MYERS FL 33912**1.1 TITLE **D/T** ☐ Change ☒ Addition  
1.2 NAME **Sylvia Davis**  
1.3 STREET ADDRESS **5300-Y Summerlin Rd.**  
1.4 CITY-ST-ZIP **Ft. Myers, FL 33919**TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TAYLOR, WILLIAM E**  
CITY-ST-ZIP **3806 HANOVER ST  
FORT MYERS FL**2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Alexander Eaton**  
2.3 STREET ADDRESS **4101 Evans Ave**  
2.4 CITY-ST-ZIP **Ft. Myers FL 33901**TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ANTONIO, NANCY**  
CITY-ST-ZIP **2682 SHRIVER DRIVE  
FORT MYERS FL 33912**3.1 TITLE **D/V** ☐ Change ☒ Addition  
3.2 NAME **Karou Goldberg**  
3.3 STREET ADDRESS **3005 S.E. 18th Pl**  
3.4 CITY-ST-ZIP **Cape Coral, FL 33904**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Jeff Hild**  
4.3 STREET ADDRESS **P.O. Box 280**  
4.4 CITY-ST-ZIP **A. Myers, FL 33902** *N/A*TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE **D/S** ☐ Change ☒ Addition  
5.2 NAME **Steve Hopper**  
5.3 STREET ADDRESS **1901 Clifton St #1402**  
5.4 CITY-ST-ZIP **Ft. Myers FL 33901**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE **P/D** ☐ Change ☒ Addition  
6.2 NAME **Patrick O'Donovan**  
6.3 STREET ADDRESS **17455-D Woodland Trace**  
6.4 CITY-ST-ZIP **Ft. Myers, FL 33908**

14. I do 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-936-3239**

CR2E037 (9/96)