


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90175 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000001549</b>					
1. Corporation Name <b>THEATRE CONSPIRACY, INC.</b>					
Principal Place of Business 10091 MCGREGOR BLVD. FORT MYERS FL 33919			Mailing Address 10091 MCGREGOR BLVD FORT MYERS FL 33919 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/03/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0569413	
24 Country		29 Country		30	
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	
				85 Zip Code	
FL					
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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLEKAUFF, PATRICIA L		1.2 NAME	DENA Geraghty	
STREET ADDRESS	19116 COCONUT ROAD, SE		1.3 STREET ADDRESS	1300 Alcazar Ave	
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY-ST-ZIP	Ft. Myers FL 33901	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM E		2.2 NAME	Steve Hopper	
STREET ADDRESS	3806 HANOVER ST		2.3 STREET ADDRESS	1901 Clifford st #1402	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Ft. Myers FL 33901	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONIO, NANCY		3.2 NAME	Michael McNally	
STREET ADDRESS	2682 SHRIVER DRIVE		3.3 STREET ADDRESS	1616 Poinsettia Ave	
CITY-ST-ZIP	FORT MYERS FL 33912		3.4 CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, SYLVIA		4.2 NAME	Patrick O'Donovan	
STREET ADDRESS	5300-4 SUMMERLIN RD.		4.3 STREET ADDRESS	9311 WATER Lily Ct. #804	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, ALEXANDER		5.2 NAME		
STREET ADDRESS	4101 EVANS AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, KAREN		6.2 NAME		
STREET ADDRESS	3005 SE 18TH PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CAROL FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #