2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001549

Entity Name: THEATRE CONSPIRACY, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10091 MCGREGOR BLVD. FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 10091 MCGREGOR BLVD FORT MYERS, FL 33919 US FEI Number: 65-0569413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS, FL 33919 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GERAGHTY, DENA WESTLAKE, JANE Name: Name: 1320 ALCAZAR AV Address: 2355 CHANDLER AVE Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33907 Title: Title: () Delete () Change () Addition TAYLOR, WILLIAM E Name: Name: Address: 3806 HANOVER ST Address: City-St-Zip: FORT MYERS, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition ANTONIO, NANCY Name: BROWN, STUART Name: 2682 SHRIVER DRIVE Address: Address: 3487 BROADWAY City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33901 Title: DT Title: () Change () Addition () Delete Name: DAVIS, SLYVIA Name: 5300-4 SUMMERLIN RD. Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition EATON, ALEXANDER PESCATRICE, MICHELLE Name: Name: 4101 EVANS AVE. 2712 SW 13TH AVE Address: Address: City-St-Zip: FT. MYERS, FL City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: (X) Change () Addition GOLDBERG, KAREN GOLDBERG, KAREN Name: Name: Address: 3005 SE 18TH PL Address: 12810 RIVER RD CAPE CAROL, FL FT. MYERS, FL 33905 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL TAYLOR D 04/20/2007