


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90006 011 \*\*\*\*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 # N96000004903</b>					
1. Corporation Name <b>THEATREWORKS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business 2103 HOMEWOOD DR ORLANDO FL 32809 US			Mailing Address 2103 HOMEWOOD DR ORLANDO FL 32809 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/18/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3411509	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE ZETTER, DONALD R CINCINNATI BELL INFORMATION SYSTEMS INC. 285 INTERNATIONAL PARKWAY LAKE MARY FL 32746				81 Name Stacy DeZutter 82 Street Address (P.O. Box Number is Not Acceptable) 1800 West Columbia Ave. 83 84 City Kissimmee FL 85 Zip Code 34741			

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 Stacy L. DeZutter Stacy L. DeZutter 5-1-99  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	DEZUTTER, STACY L	2103 HOMEWOOD DR	ORLANDO FL 32809	Director	Marla Colli	431 Timbercreek Dr. N.	Winter Garden FL 34787
	BETZ, DONNA L	920 CARLSON DR.	ORLANDO FL 32804	Director	Sallie Herbert	120 Lyndhurst Dr.	Apopka FL 32779
	CENTKO, BERY	2212 RIVER PARK CIRCLE APT 211	ORLANDO FL 32817				
	REICH, ROBERT	1874 BRAMBLEWOOD DRIVE	ST. CLOUD FL 34769				
	KINGSBURY, BETSY	221 SUMMERWOOD TRAIL	MAITLAND FL 32751				
	CANIGLIA, DON	1121 CAMBRIDGE ST	DELTONA FL 32725				

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:

Stacy L. DeZutter  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

870-9055

858-9423

Daytime Phone #

CR2E037 (11/98)