2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004903

Entity Name: THEATREWORKS! OF CENTRAL FLORIDA, INC.

Apr 30, 2003 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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800 PENNSYLVANIA AVE 2502 LAKE DEBRA DR SAINT CLOUD, FL 34769 US

7308

ORLANDO, FL 32835 US

Current Mailing Address: New Mailing Address:

800 PENNSYLVANIA AVE 2502 LAKE DEBRA DR SAINT CLOUD, FL 34769

US 7308 ORLANDO, FL 32835

FEI Number: 59-3411509 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:

DEZUTTER, STACY HAYGOOD, PATTI 1800 W COLUMBIA AVE 2502 LAKE DEBRA DR KISSIMMEE, FL 34741 7308 ORLANDO, FL 32835

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: PATTI HAYGOOD 04/30/2003 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

PSTD () Delete (X) Change () Addition

DEZUTTER, STACY L DEZUTTER, STACY L Name: Name: 2103 HOMEWOOD DR Address: 218 GRAHAM ROAD Address: ORLANDO, FL 32809 FERN PARK, FL 32730 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete BETZ, DONNA L Name: HAYGOOD, PATTI Name:

Address: 920 CARLSON DR. Address: 2502 LAKE DEBRA DR City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32835

Title: () Delete Title: (X) Change () Addition CENTKO, BERY Name: TAMBORELLO, JOE & MONICA Name:

2212 RIVER PARK CIRCLE APT 211 Address: Address: 3045 TALL TIMBER City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32812

Title: () Delete Title: (X) Change () Addition

COLLI, MARLA Name: Name: CENTKO, BERYL 431 TIMBERCREEK DR N 10747 WILDLIFE PL Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title: (X) Change () Addition

HERBERT, SALLIE HERBERT, SALLIE Name: Name: 120 LYNDHURST DR 120 LYNDHURST DR Address: Address: City-St-Zip: APOPKA', FL 32779 City-St-Zip: APOPKA, FL 32779

Title: (X) Delete Title: () Change () Addition

CANIGLIA, DON Name: Name: Address: 1121 CAMBRIDGE ST Address: DELTONA, FL 32725 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 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 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: STACY DEZUTTER Ρ 04/30/2003