

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N96000005163

Entity Name: BROADWAY THEATRE PROJECT, INC.

Current Principal Place of Business:

2780 E. FOWLER AVE.
#106
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

2780 E. FOWLER AVE.
#106
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3407959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWATERS, DEBRA L
17620 ESPRIT DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: TKOSO, CHRIS
Address: 4202 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 33620

Title: PTT () Delete
Name: MCWATERS, DEBRA
Address: 17260 ESPRIT DR
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: SOLOMON, ROBERT
Address: 488 MADISON AVE
City-St-Zip: NEW YORK, NY

Title: T () Delete
Name: LISI, JUDITH
Address: 1010 MACINNES PLACE
City-St-Zip: TAMPA, FL 33601

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: SNYDER, ARTHUR D DR.
Address: 14701 OAK LAKE PLACE
City-St-Zip: LUTZ, FL 33559 US

Title: T () Change (X) Addition
Name: BELLO, IGNACIO DR.
Address: 4202 E. FOWLER AVE. PHY 114
City-St-Zip: TAMPA, FL 33620 US

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA MCWATERS

PTT

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date