

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91304 034 ****61.25

DOCUMENT # N97000003535

1. Entity Name

CHRISTIAN DINNER THEATRE PRODUCTIONS, INC.

Principal Place of Business

19 HOLLEY KING RD
 DEFUNIAK SPRINGS FL 32433

Mailing Address

4896 KENTUCKY AVE
 INDIANAPOLIS IN 46221

New:
 2100 Hancel Pkwy
 Mooresville IN
 46204

001011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3434386

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PFISTER, FREDERICK C JR
 19 HOLLEY KING RD
 DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Pamela Pfister

5-9-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **SKILES, EDWIN S REV**
 STREET ADDRESS **6220 LINDA LANE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46241**

TITLE **D** Delete
 NAME **CHEEK, JOHN E**
 STREET ADDRESS **2415 W 79TH ST**
 CITY-ST-ZIP **INDIANAPOLIS IN 46268**

TITLE **D** Delete
 NAME **CHEEK, SHARYN R**
 STREET ADDRESS **2415 W 9TH ST**
 CITY-ST-ZIP **INDIANAPOLIS IN 46268**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela Pfister

PAMELA PFISTER

5-9-01

317-834-6100

CR2E037 (10/00)