

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004387

1. Entity Name

ACT ONE THEATRE PROJECT, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90017 043 ****70.00

Principal Place of Business	Mailing Address
4302 SOUTHPARK DRIVE TAMPA FL 33624	4302 SOUTHPARK DRIVE TAMPA FL 33624-3417

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3460481	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ACOSTA, JORGE
5620 N. ST. PETER AVENUE
TAMPA FL 33614

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GLOGER, KEN
STREET ADDRESS	4607 CLOVELAWN DR
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> Delete
NAME	ACOSTA, JORGE
STREET ADDRESS	5620 N SAINT PETER AVE
CITY-ST-ZIP	TAMPA FL 33614
TITLE	D <input type="checkbox"/> Delete
NAME	TINDELL, DIANE
STREET ADDRESS	4302 SOUTHPARK DR
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> Delete
NAME	LINDERT, JOSIE
STREET ADDRESS	470 FAIRWOOD AVE
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: James T. [Signature] 4-28-2000 813.960.5483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)