


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90099 035 ****61.25

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DOCUMENT # N97000004955	
1. Entity Name PALMS WEST CHILDREN'S THEATRE, INC.	

Principal Place of Business 12230 FOREST HILL BLVD 110 WEST PALM BEACH FL 33414	Mailing Address 12230 FOREST HILL BLVD 110 WEST PALM BEACH FL 33414
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0818873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	TITLE	
NAME	WISE-MILLER, MARIA	NAME	
STREET ADDRESS	16086 E STALLION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MILLER, WILLIAM A JR	NAME	
STREET ADDRESS	16086 E STALLION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	GREGG, WANDA	NAME	
STREET ADDRESS	1673 TROTTER CRT	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Signature of Wanda Gregg</i>	Date: 9-9-03	Daytime Phone #: 561-227-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (4/03)