

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005215

FILED
May 01, 2009
Secretary of State

Entity Name: INSIDE OUT THEATRE COMPANY, INC.

Current Principal Place of Business:

492 CARRINGTON LANE
FT LAUDERDALE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 267355
FT LAUDERDALE, FL 33326 US

New Mailing Address:

FEI Number: 65-0869196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRAUN, ROBIN
492 CARRINGTON LANE
WESTON, FL 33326 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: PD () Delete
Name: PROBINSKY, SUSAN
Address: 745 SHAKETT CREEK DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: DT () Delete
Name: EISENBERG, DONALD
Address: 701 S.W. 113 TERR.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DS () Delete
Name: PECK, ELIZABETH
Address: 2483 EAGLE WATCH COURT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: PERLMAN, ALAN
Address: 350 E. LAS OLAS BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: ED () Delete
Name: BRAUN, ROBIN
Address: 492 CARRINGTON LANE
City-St-Zip: WESTON, FL 33326

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

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: ROBIN BRAUN

ED

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date