

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005896

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

**Entity Name:** MAD COW THEATRE, INC.

**Current Principal Place of Business:**

105 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3109  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 59-3575599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUUN, ALAN  
9701 WILDOAK DR  
WINDERMERE, FL 34786 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: D  
Name: GOODRICH, JIM  
Address: 11606 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: PD  
Name: BRUUN, ALAN  
Address: 9701 WILD OAK DR.  
City-St-Zip: WINDERMERE, FL 34786

Title: STD  
Name: MAXWELL, MITZI  
Address: 9701 WILD OAK DR  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: GOODRICH, FREDDI  
Address: 11606 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: STONEROCK, ROBERT  
Address: 1306 WOODLAND ST  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

**SIGNATURE:** MITZI MAXWELL

STD

03/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date