
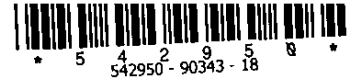


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90153 025 \*\*\*\*\*8.75

04-14-1999 90153 026 \*\*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000006352</b>					
1. Corporation Name <b>APPLAUSE COMMUNITY THEATER, INC.</b>					
Principal Place of Business 2102 KAROLINA AVE WINTER PARK FL 32789			Mailing Address 2102 KAROLINA AVE WINTER PARK FL 32789		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2102 KAROLINA AVE		26 2102 KAROLINA AVE		11/05/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
22		27		59-354-3441	
23 City & State		28 City & State		5. Certificate of Status Desired	
23 WINTER PARK FL		28 WINTER PARK FL		X \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
24 32789		29 32789		Trust Fund Contribution	
25 Country		30 Country		5.00 May Be Added to Fees	
25 U.S.A.		30 U.S.A.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COOLEY, GARY M 2102 KAROLINA AVE WINTER PARK FL 32789				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gary M. Cooley DATE 3/23/1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M. COOLEY DATE: 3/23/1999 DAYTIME PHONE: 407-740-0905

CR2E037 (1/198)