2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N99000005892

Entity Name: M.A.D. THEATRE OF TAMPA, INC.

Current Principal Place of Business:

10301 BAY CLUB CT
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

POB 21342
TAMPA, FL 336221342

New Mailing Address:

FEI Number: 59-3601664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOTEN, CATHY
1414 ALICIA AVE
TAMPA, FL 33604 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: S ( ) Delete
Name: HOOTEN, ERIN
Address: 4735 GROVE PLACE DR
City-St-Zip: TAMPA, FL 33624

Title: VPO ( ) Delete
Name: BOST, ADAM
Address: 535 4TH AVE S 10
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPAD ( ) Delete
Name: DANSBY, JUSTYNE WADE
Address: 535 4TH AVE S 10
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T ( ) Delete
Name: HOLT, DONALD E JR
Address: 10301 BAY CLUB CT
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: HOOTEN, ERIN
Address: 1408 ALICIA AVENUE
City-St-Zip: TAMPA, FL 33604

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: C. A. HOOTEN PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date