2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WESTCOAST BLACK THEATRE TROUPE OF FLORIDA, INC.

Current Principal Place of Business:

426 PARTRDIGE CIRCLE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 1086
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-1040662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, MICHAEL
426 PARTRIDGE CIRCLE
SARASOTA, FL 34236 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: P
Name: MILLMAN, HOWARD J
Address: 229 N. WASHINGTON DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: HICKS, SAMUEL
Address: 5589 FORESTER LAKE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: S
Name: GORDON, JUNE
Address: 3962 COUNTRY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: T
Name: BUSH, MICHAEL
Address: 100 CENTRAL AVE. #813
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: BITER, JESSEE
Address: 1233 N. GULFSTREAM AVE. # PH-1
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: JOHNSON, BOB
Address: 35 WATERGATE DRIVE, #401
City-St-Zip: BRADENTON, FL 34236

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: HOWARD J. MILLMAN P 01/07/2010

Electronic Signature of Signing Officer or Director — Date