

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000006733

1. Entity Name
CHURCH STREET COMEDY, INC.



Principal Place of Business
**129 W. CHURCH ST.
ORLANDO, FL 32801**

Mailing Address
**129 W. CHURCH ST.
ORLANDO, FL 32801**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2025477	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, JOHN
1318 N HUMBY AVE
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1000000426940
02/20/06-80062-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LEINENBACH, TODD
STREET ADDRESS	1600 8TH AVE., STE. C-112
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	P
NAME	KUTASH, MITCH
STREET ADDRESS	9630 BEECHTREE
CITY-ST-ZIP	BAINBRIDGE, OH 44023

TITLE	ST
NAME	NYE, SARAH
STREET ADDRESS	3291 EAST FAIRFAX
CITY-ST-ZIP	CLEVELAND, OH 44118

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 321-281-8000
Date Daytime Phone #