

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90440 028 ***150.00

DOCUMENT # P02000081856					
1. Entity Name THEATRICAL INNOVATIONS, INC.					
Principal Place of Business 10 W. MONUMENT AVE. KISSIMMEE, FL 34741		Mailing Address 10 W. MONUMENT AVE. KISSIMMEE, FL 34741			
2. Principal Place of Business 1536 W. Vine Street Suite, Apt. #, etc.		3. Mailing Address 1536 W. Vine St. Suite, Apt. #, etc.			
City & State Kissimmee Florida		City & State Kissimmee, FL 34741		4. FEI Number 48-1269478	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEMPLETON, JOEY R 1062 SHAWNDA LN KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <u>Joey R. Templeton</u> President DATE: <u>4/8/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLETON, JOEY REBECCA 1062 SHAWNDA LN KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman (C) Templeton, Joey Rebecca 1062 Shawnda Ln Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chairman (C) Templeton, J. Kenneth 1140 Olde Turnbury Ct. Charlotte, N.C. 28277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: <u>Joey Rebecca Templeton</u>		4/8/2004		407-847-6866	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone</small>	

04082004 Chg-P CR2E034 (10/03)

