# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 15, 2000 8:00 am**
**Secretary of State**
08-15-2000 90014 032 ****61.25

DOCUMENT # P03817

1. Entity Name

STORY THEATRE PRODUCTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PARKER PLAYHOUSE<br>707 N.E. 8TH STREET<br>FT. LAUDERDALE FL 33304 | PARKER PLAYHOUSE<br>707 N.E. 8TH STREET<br>FT. LAUDERDALE FL 33304 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 13-2666897 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BRUDZINSKI, JULIA K.<br>707 N.E. 8TH STREET<br>FT. LAUDERDALE FL 33304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 13, 2000 min. will be $236.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CINNAMON, CHARLES<br>707 NE 8TH STREET<br>FT. LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>ARNOLD, JOEL<br>707 NE 8TH STREET<br>FT LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KRAJSA, SUSAN A<br>707 NE 8TH STREET<br>FT. LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>COLEY, JULIA<br>707 NE 8TH STREET<br>FT LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>VALENT, JULIA<br>707 NE 8 STREET<br>FT LAUDERDALE FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E037 (5/00)

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 617, 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 REQUIRED 954-763-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment to P03817 DW 9/4/0

**STORY THEATRE PRODUCTIONS, INC.**
707 N.E. 8TH STREET (954) 763-8813
FT. LAUDERDALE, FLORIDA 33304-2749

NATIONSBANK
MIAMI BEACH, FL 33139
63-398/670 - 1

1926

8/10/00

PAY TO THE ORDER OF Florida Department of State $ **61.25

Sixty-One and 25/100********** DOLLARS

Security features included Details on back

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee Florida 32302-1500

MEMO #806 - P03817

⑈001926⑈ ⑆067003985⑆ 137121837⑈

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SIGNATURE _____ DATE

(Signature, typed or printed name of person signing, and title or capacity, if any) (If filed, Registered Agent signature required when reinstating)

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SIGNATURE: _____ Date _____ Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006931

CR2E037 (5/00)