

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03817

1. Entity Name

STORY THEATRE PRODUCTIONS, INC.

Principal Place of Business

PARKER PLAYHOUSE  
707 N.E. 8TH STREET  
FT. LAUDERDALE FL 33304

Mailing Address

PARKER PLAYHOUSE  
707 N.E. 8TH STREET  
FT. LAUDERDALE FL 33304

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

Valent  
~~BRUDZINSKI~~ JULIA K.  
707 N.E. 8TH STREET  
FT. LAUDERDALE FL 33304

Name Julia C. Valent (Name change)  
Street Address (P.O. Box Number is Not Acceptable)

SAME

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

Julia K. Valent-Executive Director 5-14-01

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

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

TITLE PD ☐ Delete  
NAME CINNAMON, CHARLES  
STREET ADDRESS 707 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE STD ☐ Delete  
NAME ARNOLD, JOEL  
STREET ADDRESS 707 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ Delete  
NAME KRAJSA, SUSAN A  
STREET ADDRESS 707 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ED ☐ Delete  
NAME Valent  
STREET ADDRESS 707 NE 8TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

5-14-01

(434) 763-8813

FILED  
May 21, 2001 8:00 am  
Secretary of State

05-21-2001 90344 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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