

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03817

FILED
Mar 23, 2012
Secretary of State

Entity Name: STORY THEATRE PRODUCTIONS, INC.

Current Principal Place of Business:

100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 13-2666897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, RONALD
100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801 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: PD
Name: ALAR, JOHN
Address: 1258 SE BREWSTER PL
City-St-Zip: STUART, FL 34997

Title: STD
Name: BOLANOS, FRANK
Address: 3024 NW 99 PLACE
City-St-Zip: DORAL, FL 33172

Title: VP
Name: GOODMAN, MICHAEL
Address: 701 WEST CYPRESS CREEK RD, STE 204
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: STD
Name: HOCH, GEORGE
Address: 12000 GULF BLVD
City-St-Zip: TREASURE ISLANDO, FL 33706

Title: VP
Name: CONNOR, WENDY
Address: 100 S EOLA DR., STE 101
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: LEVITT, RHODA
Address: 3519 BAYSHORE VILLAS DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

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: RONALD LEGLER

CEO

03/23/2012

Electronic Signature of Signing Officer or Director

Date