2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000099678

1. Entity Name
THEATRE SUPPORT SYSTEMS, INC.

Principal Place of Business	Mailing Address
470 RIVERWOODS TRAIL CHULUOTA, FL 32766	470 RIVERWOODS TRAIL CHULUOTA, FL 32766

DO NOT WRITE IN THIS SPACE

01062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3485676	Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, NANCY
470 RIVERWOODS TRAIL
CHULUOTA, FL 32766

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, NANCY
STREET ADDRESS	470 RIVERWOODS TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	YOUNG, DAVE
STREET ADDRESS	470 RIVERWOODS TRAIL
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/09/08-80015-022 150.00

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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: _____ DAVID M YOUNG _____ 1/6/08 _____ 407-359-1143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #