

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730619

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC4443766331**

**Entity Name:** THE HIPPODROME STATE THEATRE, INC.

**Current Principal Place of Business:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

25 SOUTHEAST 2ND PLACE  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1590987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CURRY, MICHAEL C  
25 SE 2 PLACE  
GAINESVILLE, FL 32601 US

*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

**Officer/Director Detail :**

Title PD  
Name HAUSCH, MARY PD  
Address 546 NE 6 AVE  
City-State-Zip: GAINESVILLE FL 32601

Title SD  
Name LASSETER, SHIRLEY SD  
Address 25 SE 2ND PL  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name WALL, MARILYN VP  
Address 25 SE 2ND PLACE  
City-State-Zip: GAINESVILLE FL 32601

Title TD  
Name CURRY, MICHAEL CTD  
Address 25 SE 2 PLACE  
City-State-Zip: GAINESVILLE FL 32601

*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:** MARY HAUSCH

**PRODUCING DIRECTOR**

**01/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date