

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03817

Entity Name: STORY THEATRE PRODUCTIONS, INC.**Current Principal Place of Business:**100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801**Current Mailing Address:**100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801**FEI Number:** 13-2666897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATCHORN, LARRY
100 S EOLA DRIVE
SUITE 200
ORLANDO, FL 32801 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:** LARRY WATCHORN

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SIMMS, H B MR
Address	250 ESSEX LANE
City-State-Zip:	WEST PALM BEACH FL 33405

Title	EXECUTIVE DIRECTOR
Name	WATCHORN, LARRY
Address	100 S EOLA DRIVE SUITE 200
City-State-Zip:	ORLANDO FL 32801

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

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

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

Title	VP
Name	LEVITT, RHODA
Address	3519 BAYSHORE VILLAS DRIVE
City-State-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: LARRY WATCHORN**EXECUTIVE DIRECTOR**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date