

Document Type: **Statement of Change - Corps**

Document Fee: **\$0.00**

Entity Name: **GHOSTLIGHT THEATRE**

Additional Fee: **\$0.00**

**Entity Information**

Entity Name: GHOSTLIGHT THEATRE

Entity Type: Domestic Nonprofit Corporation

Entity ID: 15861071

Formation Date: 03/17/2010

Entity Email Address: admin@ghostlightaz.com

Status: Active

Effective Date: 03/17/2022

Effective Time: 04:57PM

I am the Statutory Agent for this entity changing only the Statutory Agent Address ☐ Yes ☒ No

**Statutory Agent Information**

Name

Attention

Address

Email

Victoria Reinhard

15964 W Calavar Rd, SURPRISE, AZ, 85379,  
USA

victoria.reinhard11@gmail.com

**Known Place of Business**

Attention

Address

13541 W CAMINO DEL SOL , SUN CITY WEST, AZ, 85375, USA

**Signature**

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Signature: Victoria Reinhard

Title: Statutory Agent