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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740338** **(9)**

1. Corporation Name
THE AMERICAN STAGE COMPANY, INC.

Principal Place of Business	Mailing Address
211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG FL 33731	211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG FL 33731-1560

3. Date Incorporated or Qualified: 10/05/1977
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1777189 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WELDON, JACK B
211 3RD ST S
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: JODY KIELBASA
82 Street Address (P.O. Box Number is Not Acceptable): 211 3RD ST S
83
84 City: St Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jody Kielbasa — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	☐ DELETE	1.1 TITLE	M	☐ Change ☐ Addition
NAME	WELDON, JACK B		1.2 NAME	Kielbasa, Jody	
STREET ADDRESS	211 3RD ST S		1.3 STREET ADDRESS	1939 Goldenrod St	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Sarasota, Fl 34239	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MYERS, MARY C		2.2 NAME	MAY, ALFRED	
STREET ADDRESS	8213 35TH AVE N		2.3 STREET ADDRESS	PO Box 66569 N/A	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	St Petersburg, Fl	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MAY, ALFRED		3.2 NAME	Ballard, Marion	
STREET ADDRESS	PO BOX 66569 N/A		3.3 STREET ADDRESS	1255 Brightwaters Blvd NE	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	St Petersburg, Fl	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BALLARD, MARION		4.2 NAME	Brody, Sue	
STREET ADDRESS	1255 BRIGHTWATERS BLVD NE		4.3 STREET ADDRESS	749 17th Ave NE	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	St Petersburg, Fl	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOCK, WAYNE		5.2 NAME		
STREET ADDRESS	123 ALORA ST NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jody Kielbasa **REQUIRED** 4/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
JODY KIELBASA
Daytime Phone # 0051260