2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740338

FILED Feb 15, 2006 Secretary of State

Entity Name: THE AMERICAN STAGE COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG, FL 33731

Current Mailing Address: New Mailing Address:

211 3RD ST SOUTH PO BOX 1560 ST PETERSBURG, FL 33731

FEI Number: 59-1777189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

OLSON, TODD 211 3RD ST S 211 3RD ST S 211 3RD ST S P O BOX 1560

ST PETERSBURG, FL 33701 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: 02/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition

 Name:
 BROWN, BETHANNE
 Name:
 CRAIG, MARSHALL

 Address:
 211 3RD STREET SO
 Address:
 211 3RD STREET SO

City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPD () Delete Title: VPD (X) Change () Addition Name: MYERS, MARK Name: SHEA, DONALD

Address: 211 3RD STREET SO Address: 211 3RD STREET SO
City-St-Zip: ST PETERSBURG, FL 33701 City-St-Zip: ST PETERSBURG, FL 33701

Title: T () Delete Title: T (X) Change () Addition

 Name:
 CRAIG, MARSHALL
 Name:
 MAY, ALFRED

 Address:
 211 3RD STREET SO
 Address:
 211 3RD STREET SO

City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S (X) Delete Title: () Change () Addition

 Name:
 SHEA, DONALD
 Name:

 Address:
 211 3RD STREET SO
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:

Title: PAD () Delete Title: () Change () Addition

 Name:
 OLSON, TODD
 Name:

 Address:
 211 3RD ST SO
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TODD OLSON PAD 02/15/2006