

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91337 004 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000000082
 1. Entity Name
 NATIONAL CARAVAN STAGE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 140 7th AVE S Suite, Apt. #, etc.	3. Mailing Address 140 7th AVE S Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST PETERSBURG	City & State ST. PETERSBURG	4. FEI Number 06-1436763	Applied For <input type="checkbox"/> Not Applicable
Zip 33701	Country USA	Zip 33701	Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name KIRBY, PAUL
 Street Address (P.O. Box Number is Not Acceptable)
 140 7th AVE S
 City St. Petersburg FL Zip Code 33701

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE PD NAME LAMBEE, JOHN STREET ADDRESS 4600 BENEVA RD S. CITY-ST-ZIP SARASOTA FL 34233	TITLE SD NAME KIRBY, PAUL STREET ADDRESS 140 7th AVE SOUTH CITY-ST-ZIP ST. PETERSBURG FL 33701	TITLE TD NAME KELDER, ADRIANA STREET ADDRESS 140 7th AVE SOUTH CITY-ST-ZIP ST. PETERSBURG FL 33701	DO NOT WRITE IN THIS SPACE
TITLE D NAME RINAMAN, MARK STREET ADDRESS 123 EAST FORSYTH ST. CITY-ST-ZIP JACKSONVILLE FL 32202			

CR2E037B (12/01)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  ADRIANA KELDER 4/29/02 727-515-8163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #