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**Mar 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P26477 (0)
1. Corporation Name
ON STAGE AUDIO CORPORATION



Principal Place of Business: **120 STANLEY ELK GROVE VILLAGE IL 60007 US**
Mailing Address: **120 STANLEY ELK GROVE VILLAGE IL 60007-1554 US**

3. Date Incorporated or Qualified: **10/17/1989**
3a. Date of Last Report: **04/01/1996**
4. FEI Number: **36-3364850**
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

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

9. Name and Address of Current Registered Agent
**DEUSCHLE, PAUL
773 KIRKMAN ROAD
SUITE 120
ORLANDO FL 32811**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDUCATE, MARIO C.	
STREET ADDRESS	20868 JUNIPER LANE	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDUCATE, PATRICIA	
STREET ADDRESS	20868 JUNIPER LANE	
CITY-ST-ZIP	BARRINGTON IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SAME	
13 STREET ADDRESS	1912 RED BIRD DR	
14 CITY-ST-ZIP	LAS VEGAS, NV 89134	
21 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAME	
23 STREET ADDRESS	1912 RED BIRD DR	
24 CITY-ST-ZIP	LAS VEGAS, NV 89134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	700002106887	
6.4 CITY-ST-ZIP	-03/07/97--01005--017 ***165.00	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario C. Educate* 2/11/97 (847) 228-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)