2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# 744332

Entity Name: FLORIDA STAGES NETWORK, INC.

Current Principal Place of Business:

% J. PENDELTON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

% J. PENDELTON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-1859377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAINES, J. PENDLETON
1405 DOLIVE DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	GAINES, PATRICIA A.,	
Address:	500 RUBY	
City-St-Zip:	ORLANDO, FL 32804	
Title:	PD	( ) Delete
Name:	POPE, PAMELA,	
Address:	4237 WINDERLAKE DR.	
City-St-Zip:	ORLANDO, FL 32835	
Title:	D	( ) Delete
Name:	GAINES, DAVIS,	
Address:	6868 LAKERIDGE RD.	
City-St-Zip:	LOS ANGELES, CA 90068	
Title:	PD	( ) Delete
Name:	GAINES, J.PENDLETON	
Address:	1405 DOLIVE DR	
City-St-Zip:	ORLANDO, FL 32807	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J. PENDLETON GAINES PRES 04/16/2004

Electronic Signature of Signing Officer or Director — Date