

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744332

FILED  
Feb 06, 2010  
Secretary of State

**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  
Name: GAINES, PATRICIA A.  
Address: 500 RUBY  
City-St-Zip: ORLANDO, FL 32804

Title: PD  
Name: POPE, PAMELA  
Address: 4237 WINDERLAKE DR.  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: GAINES, DAVIS  
Address: 6868 LAKERIDGE RD.  
City-St-Zip: LOS ANGELES, CA 90068

Title: PD  
Name: GAINES, J.PENDLETON  
Address: 1405 DOLIVE DR  
City-St-Zip: ORLANDO, FL 32807

Title: VP  
Name: STELLA, GAINES  
Address: 1405 DOLIVE DRIVE  
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: J PENDLETON GAINES

PRES

02/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date