


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000986 1. Entity Name SOUTHERN SHOWS, INC.	
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Principal Place of Business 810 BAXTER ST CHARLOTTE, NC 28202 US	Mailing Address P.O. BOX 36859 CHARLOTTE, NC 28236
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DO NOT WRITE IN THIS SPACE



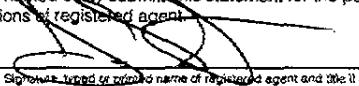
01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0753673	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWARTZ, JESSE 3247 LAKEVIEW OAKS DR LONGWOOD, FL 32779
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)	DATE 2-4-4

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105555 04/07/04-80030-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZIMMERMAN, JOAN 810 BAXTER ST CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, DAVID 810 BAXTER ST CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMMERMAN, ROBERT 810 BAXTER ST CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE:  JESSE SCHWARTZ 2-4-4 407-804-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR