2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address P.O. BOX 36859

F9400000986 **DOCUMENT #**

1. Entity Name

810 BAXTER ST

SOUTHERN SHOWS, INC.

Principal Place of Business



FILED
Apr 16, 2003 8:00 am
Secretary of State
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CHECK HERE IF MAK!	NG CHANGES		
FEI Number 56-0753673			
Certificate of Status Desired	Fee Require		
Name and Address of New Registere	d Agent		
Box Number is Not Acceptable)			
F	Zip Cod	le	
Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of New Registered Agent Box Number is Not Acceptable) FL Zip Code gent, or both, in the State of Florida. I am familiar with, and accept 1-24-3 reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
1-24-	3		
reinstating) DATI	E		ļ
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Suite, Apt. #, etc. Suite, Apt. #, etc.					\neg	CHECK HERE IF MAKING CHANGES					
City & State City & State				•	4.	4. FEI Number 56-0753673 Applied For Not Applied					
Zip		Country	Zip	Zip Counti			5.	Certificate of Status Desired	\$8.75 Fee Requ	Additional	
	6. Name ar	nd Address of Cu	rrent Registere	d Agent			7.	Name and Address of New Registe	red Agent ~~		
SCHWARTZ, JESSE					Name						
	EVIEW OAKS	DR				Street Addre	ess (P.O. E	Box Number is Not Acceptable)			
LONGWOO	OD FL 32779										
						City		<u>_</u>	FL Zip C		
 The above the obligation 	named entity of ions of registere	ubmits his statem	ent for the purp	ose of changing its re	egistered	office or regi	istered ag	gent, or both, in the State of Florida. I	am familiar w	ith, and accept	
the congut		The Comment						, 011	7		
SIGNATURE _	Signature typed or r	printed name of registere	d egent and title if ann	licable /NOTE-	Bacistered a	Igent signature rec	arifod when re	/- 24-			
				(401E.	Tiegisteree .	rgent signature ret		ematating, Dr.			
		FEE IS \$150.0 Fee will be \$55						9. Election Campaign Financing	\$5	5.00 May Be	
		lorida Departm						Trust Fund Contribution.		ded to Fees	
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NAME	ZIMMERMAN				NAME					· – j	
	810 BAXTER					ADDRESS					
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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 the 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 all other like empowered.

SIGNATURE:

PE REGUIRED D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR