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DÓCU	MENT # F980000	02335				•		
1. Entity Name SHOWPOWER, INC.					FILED			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				nn NEC 18	3 PM 2: 03	,
Principal Plac	e of Business							
18420 S. SANTA RANCHO DOMII	A FE AVE NIQUEZ CA 90221	18420 S. SANTA FE AVE RANCHO DOMINIQUEZ CA 90221-5612				SECRETAL TALEAHAS	RY OF STATE SEE. FLORID	Ĵ A
2. Principal P	Place of Business	3. Mailing Address						
1 River Road		Niver Road Suite, Apt. #, etc.					40 11	
Suite, Apt. #, etc. BId4 59 - E		Bldg. 59-E		R	eins	TATEME	THIS SPACE	AW
CN & State Schenectady New York		City & State Scherectady N.Y.		4.	FEI Number	95-4678707	<u> </u>	ot Applicable
Zip 12345	Country	Zip	Country United Sta	utes 5.	Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Current R		Name	7. 1	Name and Ad	dress of New Regis	tered Agent	
C T COPPORATION SYSTEM					Pay Number is	Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
PLAN	MAHUN FL 33324		City			100035 12/27/0	0 - 101/02/0c	
8 The above	named entity submits this statement for t	the nurnose of changing its		registered an	ent or both in	****758		<u>58.75</u>
o. The above	A · · · ·	CONNIE BE	RYAN		John, or Bolli, I	Talo State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and	SPECIAL ASS	Registered Agent signal		einstating)		12 18 200 DATE	20
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.	00	10 Flection	on Campaign Financi	ng ¢5.0	00 May Be
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Make Check Payable			-			Fund Contribution.		d to Fees
11.	OFFICERS AND D	IRECTORS	12.	ΑC		ANGES TO OFFICER	RS AND DIRECTOR	
TITLE NAME	D ADES, JOSEPH A	Delete	TITLE NAME	President	t, CEO S Dicar	(P) 'dn	☐ Change	Addition 66/6
STREET ADDRESS	18128 SOUTH SANTA FE AVE.		STREET ADDRESS	4200 wi Atlanta	idwooo	do Leartway 20339		034
CITY-ST-ZIP	RANCHO DOMINIQUEZ CA 90221		CITY-ST-ZIP	Secretar	•	(s)/(v)	☐ Change	noitibby Unitipated (9/99)
NAME	BERNSTEIN, DAVID C	LDelete	NAME	Burke,	Molly	od Parkwa	change	Addition
STREET ADDRESS CITY-ST-ZIP	18128 SOUTH SANTA FE AVE. RANCHO DOMINIQUEZ CA 90221		STREET ADDRESS CITY-ST-ZIP	Atlanta,	, GA	30339	,	
TITLE	DCEO	Delete	TITLE	Treasur	W. VP	(T)(V)	☐ Change	Addition
NAME STREET ADDRESS	CAMPION, JOHN J 18128 SOUTH SANTA FE AVE.	,	NAME STREET ADDRESS	4200 W	oild woo	d Parkway 30339	1	
CITY-ST-ZIP	RANCHO DOMINIQUEZ CA 90221			atlanta	, 6A	30339		
TITLE NAME	D Masterson, Robert E	Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	18128 SOUTH SANTA FE AVE. RANCHO DOMINIQUEZ CA 90221		STREET ADDRESS CITY-ST-ZIP				1 1	5
TITLE	DC	Detete	TITLE				€hange	Addition
NAME STREET ADDRESS	Stone, Jeffrey B 18128 South Santa Fe ave.	,	NAME STREET ADDRESS					
CITY-ST-ZIP	RANCHO DOMINIQUEZ CA 90221		CITY-ST-ZIP					
TITLE NAME	P Anderson, Laurence	Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	18128 SOUTH SANTA FE AVE. RANCHO DOMINIQUEZ CA 90221	,	STREET ADDRESS CITY-ST-ZIP					
13. I hereby c	ertify that the information supplied with the	nis filing does not qualify for	the exemption sta	ed in Section	119.07(3)(i), F	lorida Statutes. I furti	her certify that the in	nformation
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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: Candace F. Carson, Treasurer, VP 12/15/60								
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O	R DIRECTOR			Date	Daytime Phone #	