FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52442 (7)

1. Corporation Name
MEDIEVAL SHOW, INC.

Principal Place of Business	Mailing Address
P.O. BOX 422365 KISSIMMEE FL 34742-2365	P.O. BOX 422365 KISSIMMEE FL 34742-2365

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2840137 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTONIO ALCINA/LUIS DEL PINO
4510 W. IRLO BRONSON MEM HWY
KISSIMMEE FL 32742

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	C	☒ Change ☐ Addition
NAME	ALCINA, ANTONIO	1.2 NAME	ALCINA, ANTONIO	
STREET ADDRESS	7662 BEACH BLVD	1.3 STREET ADDRESS	7662 BEACH BLVD.	
CITY-ST-ZIP	BUENA PARK CA	1.4 CITY-ST-ZIP	BUENA PARK CA 90622	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	KAREN STEVEN YC	2.2 NAME	ERIC CHIUSOLO	
STREET ADDRESS	7062 BEACH BLVD	2.3 STREET ADDRESS	7662 BEACH BLVD	
CITY-ST-ZIP	BUENA PARK CA	2.4 CITY-ST-ZIP	BUENA PARK CA 90622	
TITLE	VP	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DEL PINO LUIS	3.2 NAME	DEL PINO LUIS	
STREET ADDRESS	4510 W IRLO BRONSON HWY	3.3 STREET ADDRESS	4510 W IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE FL 32742	
TITLE		4.1 TITLE	VM	☐ Change ☒ Addition
NAME		4.2 NAME	HAROLD HAMANN	
STREET ADDRESS		4.3 STREET ADDRESS	4510 W. IRLO BRONSON HWY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KISSIMMEE FL 32742	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ LUIS DEL PINO 4/25/95 407-396-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483271 FP