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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J52442 (7)
1. Corporation Name
MEDIEVAL SHOW, INC.

Principal Place of Business
P.O. BOX 422385
KISSIMMEE FL 34742-2385

Mailing Address
P.O. BOX 422385
KISSIMMEE FL 34742-2385

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1987

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2840137	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	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 Eric Chiusolo
82 Street Address (P.O. Box Number is Not Acceptable)
4510 W. Irlo Bronson Mem Hwy
83
84 City Kissimmee FL 85 Zip Code 32742

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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* ERIC CHIUSOLO 4/20/98
Signature, typed, printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	KIM, KENNETH	1.2 NAME	
STREET ADDRESS	7662 BEACH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	CHISOLO, ERIC	2.2 NAME	
STREET ADDRESS	7662 BEACH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	DEL PINO, LUIS	3.2 NAME	
STREET ADDRESS	4510 W. IRLO BRONSON HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	VM	4.1 TITLE	
NAME	HAMANN, HAROLD	4.2 NAME	
STREET ADDRESS	4510 W. IRLO BRONSON HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	MONTANER, PEDRO	5.2 NAME	
STREET ADDRESS	7662 BEACH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA 90622	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SANTANDREU, MARTIN	6.2 NAME	
STREET ADDRESS	7662 BEACH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA 90622	6.4 CITY-ST-ZIP	

14. 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 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 *[Signature]* ERIC CHIUSOLO 4/20/98 (741) 512-8622

CR2E034 (10/97)