**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # J83228** STAGE AMERICA, INC. 03-19-2001 90068 024 \*\*\*150.00 Principal Place of Business Mailing Address 4399 36TH STREET SR 4399 36TH ST SW ORLANDO FL 32811 ORLANDO FL 32811 HS DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0052076 eac Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, RAYMOND W. 4399 36TH ST SW ORLANDO FL 32811 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Franklin, Raymond W. 1626 SE 3rd Ct #126 CR2E034 (10/00) TITLE ☐ Delete FRANKLIN, RAYMOND W. NAME STREET ADDRESS STREET ADDRESS 4399 36TH STREET SW CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Delete TITLE ☐ Addition TITLE NAME FITE, MARK A. NAME STREET ADDRESS STREET ADDRESS 4399 36TH STREET SW CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Delete TITLE \_[7] Change ☐ Addition IULE \_ \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 13. 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 fue 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 of the receiver of trustgal empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

II other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR