FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

STAGE AUDIO & LIGHTING PRODUCTIONS INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I HORRICON CON ROSA GROUP CONSA MONO HER BARIN O	1901 91914 91911 B \
1376 BENNETT DR #126 LONGWOOD FL 32750		1376 BENNETT DR #126 LONGWOOD FL 32750			
Londinos ie deiso		CONTONOUS IL SEISO		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal D	lace of Business	So Mailing Address		09/05/1989 4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	lace of business	2a. Mailing Address		i	Applied For
The second secon		Suite, Apt. #, etc.		59-3012175	Not Applicable \$8.75 Additional
22 27		├ ──		5. Certificate of Status Desired	Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z _i p	Country	Zip	Country	6. This corporation owes or has paid the	
24	25 25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
KOVACEVICH, PHILLIP 1848 LONG POND DRIVE					
LONGWOOD FL 32779			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	101100012 02119		83		
ļ			84 City	F	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					
	Signature, typed or printed name of registered a		Registered Agent signature requi		
12.	D OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	KOVACEVICH, PHILLIP		1.2 NAME		Change Chadmon
STREET ADDRESS	1846 LONG POND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOVACEVICH, SANDRA		22 NAME		
STREET ADDRESS	1846 LONG POND DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY - \$T - ZIP	:	
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		- Detell	4.1 THTLE 4 2 NAME		C clientific C vegetion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZIP		
TITLE		DELETE	5.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - ZIP	·	

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 of 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