FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L53458** **(0)**

1. Corporation Name

S.H.O. ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
~~439 N CLARA~~ 151 E. OHIO AVE ~~DELAND FL 32720~~ LAKE HELEN, FL 32744 US	2773 FALLING TREE CIRCLE ORLANDO FL 32837

3. Date Incorporated or Qualified: 02/26/1990	3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2998734	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 151 E. OHIO AVE	26 151 E. OHIO AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE HELEN, FL	City & State 28 LAKE HELEN FL
Zip 24 32744 Country 25 VOLUSIA	Zip 29 32744 Country 30 VOLUSIA

9. Name and Address of Current Registered Agent

SIRMONS, PAUL
2773 FALLING TREE CIRCLE
ORLANDO FL 32837

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: PAUL SIRMONS 5/7/96
Signature, typed or printed name of registered agent and the date. (Only Registered Agent signature required when name changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIRMONS, PAUL T.		1.2 NAME		
STREET ADDRESS	2773 FALLING TREE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, MARY ANNE		2.2 NAME		
STREET ADDRESS	439 N CLARA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ 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		
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: Mary Ann Rogers Director MARY ANN ROGERS 5/7/96 904-228-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)