

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L67578** (9)

95 JAN 18 PM 2:40

1. Corporation Name
ENTERTAINMENT SERVICES, INC.

Principal Place of Business Mailing Address
**108 A COUNTRY CLUB DR
BOX 17453
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **8439 N NEBRASKA** 26 **8439 N NEBRASKA AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite A Ave** 27 **Suite A P.O. Box 17453**
City & State City & State
23 **Tampa, FL** 28 **Tampa, FL**
Zip Zip
24 **33612** 25 **USA** 29 **33612** 30 **USA**

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-3009230** 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
**REIBER, SAM I.
601 E. TWIGGS ST.
SUITE 200
TAMPA FL 33602-0920**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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]* Registered Agent Signature (Required when terminating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
P **JACKSON, ERIC**
10213 NEWPORT CIRCLE
TAMPA FL
ST **GIBSON, PAULINE**
10213 NEWPORT CIRCLE
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME Change Addition
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP
5. TITLE NAME Change Addition
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP
9. TITLE NAME Change Addition
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP
13. TITLE NAME Change Addition
14. NAME
15. STREET ADDRESS
16. 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 199.032(3)(b), Florida Statutes. I further certify that the information included 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 and appears on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 813933-2891