

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

FILED
Feb 18, 1999 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

02-18-1999 90134 041 ***150.00

DOCUMENT # M71946

1. Corporation Name
TAMPA BAY STAGE SERVICES, INC.



Principal Place of Business Mailing Address
 211 W WEST SHORE BLVD 1211 W WEST SHORE BLVD
 SUITE 509 SUITE 509
 TAMPA FL 33607 TAMPA FL 33607
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 27 City & State 28 City & State
 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified
03/07/1988
 4. FEI Number **59-2872227** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BASKETT, ELIZABETH
1211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33607

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

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	DS ECENIA, GREGORY V. 8603 N GOMEZ AVE TAMPA FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	DM PALEVEDA, PAUL 4307 WATROUS AVE TAMPA FL 33629 <input type="checkbox"/> DELETE	1.2 NAME	
DE	DP MCCANN, TERRY 1516 KESTREL WAY BRANDON FL <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
DE	DT BASKETT, ELIZABETH 5049 DRIFT TIDE DRIVE NEW PORT RICHEY FL 34652 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
DE	DV PALEVEDA, TIM 4018 PALMIRA ST TAMPA FL 33629 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	D DROPIN, DEAN P.O. BOX 23092 N/A TAMPA FL 33623 <input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 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, with all other like empowered.

SIGNATURE: *Elizabeth Bassett* Elizabeth Bassett 1-28-99 813-259-8469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)