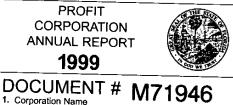
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

TAMPA BAY STAGE SERVICES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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

02-18-1999 90134 041 \*\*\*150.00



Principal Place of Business Mailing Address						
211 W WEST SHORE BLVD 1211 W WEST SHORE BLVD						and the state of t
SUITE 509						•
	AMPA FL 33607 TAMPA FL 33607					
US  '. Principal Place of Business  2a. Mailing Address						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
				<del></del>		03/07/1988
		26				4. FEI Number . Applied For
Suite, A	pt. #, etc.	Suite, Apt. #, etc.				59-2872227 Not Applicable
7		<u> </u>				\$8.75 ***
City & State		City & State				5. Certificate of Status Desired Fee Required
I .		<b>⊢</b> ¬ '	¬ ˙			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28				Trust Fund Contribution Added to Fees
1	25	Zip Country				8. This corporation owes the current year Intangible
L	9. Name and Address of Curren	29 30				Personal Property Tax.
	Traine and Address of Curren	t Registered Agent		L,		10. Name and Address of New Registered Agent
BA	SKETT, ELIZABETH			81	Name	
12	11 W WEST SHORE BLVD		82 Street Ad		Stroot Add	dense /B O. B.
SUITE 509			Joz Street		Ollegt Add	dress (P.O. Box Number is Not Acceptable)
TAMPA FL 33607			Ţī.		· · · · · · - · - ·	·
173	MI A I L 33007			$\perp$		
				84	City	85 Zip Code
Pursuan	t to the provisions of Sections 607.0502	2 and 607.1508 Florida Statutes	the at			<b>▶ 1</b> !
agent, I	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author	orized	by ti	he corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
GNATURE	-	ions of, Section 607.0505, Florida	Statu	tes.	•	accept the appointment as registered
GNATURE	Signature, typed or printed name of registered agent	and title if positive by				•
	OFFICERS AND	DIRECTORS (NOTE: Reg	13.	gent :	signature required	ed when reinstating) DATE
E	DS	☐ DELETE	1.1 TITLE 1.2 NAME			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ΙE	ECENIA, GREGORY V.	L DELETE				☐ Change ☐ Addition
EETADORESS		1				·
-ST-ZIP	TAMPA FL		1.3 STREET ADDRESS		DDRESS	
01-237	DM			1.4 CITY-ST-ZIP		
E	PALEVEDA, PAUL	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
			2.2 NAME			; , , , , , , , , , , , , , , , , , , ,
EET ADDRESS	4307 WATROUS AVE		2.3 STREET ADDRE		ODRESS .	
-ST-ZIP	TAMPA FL 33629	P DELETE 3.11 CCANN, TERRY		/- ST- 2		
	DP			3.1 TITLE 3.2 NAME		
	MCCANN, TERRY					Change Addition
ET ADDRESS	1516 KESTREL WAY					
ST-ZIP	BRANDON FL		3.3 STRE			}
	DT	( NCI ETT	3.4. CITY		IP	
	BASKETT, ELIZABETH		4.1 TITLE			Change Addition
TADORESS	5049 DRIFT TIDE DRIVE		1. 2 NAM	E	ļ	
ŞT-ZIP	EW PORT RICHEY FL 34652		I.3 STRE	ET ADI	DRESS	
27 211	DV		.4 CITY-	ST-ZI	<u> </u>	
ļ	PALEVEDA, TIM		1 TITLE			☐ Change ☐ Addition
ET ADDRESS	ANTE DALMIDA OT	5	.2 NAME			□ Average □ Manifold
	5.3		5.3 STREET ADDRESS		DRESS	·
ST-ZIP	TAMPA FL 33629	5.	4 CITY-	ST-ZIP	, ]	
ļ	D	☐ DELETE 6.	1 TITLE			
- 1	DROPIN, DEAN	6.	2 NAME			☐ Change ☐ Addition .
TADDRESS	P.O. BOX 23092 N/A		3 STREE		RESS	
T-ZIP	TAMPA FL 33623		4 CITY - S			į.

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 ndicated 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 allock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

NATURE: