

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandia B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY - 1 PM 2:45****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # M78679****(1)**

1. Corporation Name

BACKSTAGE ENTERPRISES, INC.

Principal Place of Business

**C/O SANDY A. LEVITT
5718 ASHTON LAKE DR.
SARASOTA FL 34231**

Mailing Address

**C/O SANDY A. LEVITT
5718 ASHTON LAKE DR.
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0042866

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVITT, SANDY A.
2201 RINGLING BLVD.
SARASOTA FL 34237**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME WEBER, NANCY
STREET ADDRESS 5718 ASHTON LAKE DR.
CITY - ST - ZIP SARASOTA FL****1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE VPDS
NAME NICHOLS, CHARLES
STREET ADDRESS 5718 ASHTON LAKE DR.
CITY - ST - ZIP SARASOTA FL****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
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STREET ADDRESS
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5.2 NAME
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5.4 CITY - ST - ZIP**☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**☐ Change ☐ Addition

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 110.07(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 the 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:

*Nancy Weber***NANCY WEBER****4-26-95 8B-900-2255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Signature Printed)