

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90020 011 ****70.00

DOCUMENT # N00000002153

1. Entity Name

INTERNATIONAL INDEPENDENT SHOWMEN'S MUSEUM CORPORATION

Principal Place of Business

Mailing Address

6915 RIVERVIEW DRIVE
 RIVERVIEW FL 33569

6915 RIVERVIEW DRIVE
 RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gibsonton, FL

Zip

Country

Zip

Country

33534

USA

4. FEI Number

59-3658955

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCEWEN, DAVID B
150 SECOND AVENUE NORTH
SUITE 1500
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **CAALTON, LARRY J**
 STREET ADDRESS **6915 RIVERVIEW DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **PD** Change Addition
 NAME **CARLTON, LARRY J.**
 STREET ADDRESS **6915 RIVERVIEW DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **VD** Delete
 NAME **STARKEY, DAVID**
 STREET ADDRESS **6915 RIVERVIEW DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VD** Change Addition
 NAME **HOSKINS, Phillip**
 STREET ADDRESS **6915 RIVERVIEW DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **STD** Delete
 NAME **LARKEE, BARBARA J**
 STREET ADDRESS **6915 RIVERVIEW DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** Change Addition
 NAME **Brewer, Patricia**
 STREET ADDRESS **6915 RIVERVIEW DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Change Addition
 NAME **LARKEE, BARBARA**
 STREET ADDRESS **6915 RIVERVIEW DR.**
 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Brewer **SIGNATURE REQUIRED** *Patricia Brewer, Sec'y* **3-22-02** **813-677-3590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)