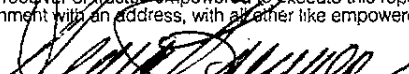


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N03070 1. Entity Name STAGE WORKS, INC.					
Principal Place of Business 120 ADRIATIC AVENUE TAMPA FL 33606-3308			Mailing Address 120 ADRIATIC AVENUE TAMPA FL 33606-3308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2465234	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRENNEN, ANNA 120 ADRIATIC AVENUE TAMPA FL 33606			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 + \$8.75 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRENNEN, ANNA		NAME		
STREET ADDRESS	120 ADRIATIC AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OLMSTED, DICK		NAME		
STREET ADDRESS	3922 PEPPERELLE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		CITY - ST - ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HANNA, KIM		NAME		
STREET ADDRESS	3925 WEST BAY VIEW AVE.		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33611		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(c), 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: 			Date: 1/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 813-261-8984		



MOORE CR2E037 (11/03)