FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # N31495 **(7)**

1. Corporation Name

ALTERED STAGES, INC.

Principal Place of Business	Mailing Address
736 SCOTLAND ST. DUNEDIN FL 34698 US	736 SCOTLAND ST. DUNEDIN FL 34698 US

3. Date Incorporated or Qualified
04/04/1989

4. FEI Number **65-0121066** | Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ELIZABETH BRINCKLOW
736 SCOTLAND STREET
DUNEDIN FL 34698

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **D** ☐ DELETE NAME **DURICA, JOHN** STREET ADDRESS **2064 LOMA LINDA WAY N** CITY-ST-ZIP **CLEARWATER FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **JEFFREY, MARCIA** STREET ADDRESS **12211 ARMENIA GABLES CIR** CITY-ST-ZIP **TAMPA FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **BRINCKLOW, ELIZABETH** STREET ADDRESS **736 SCOTLAND STREET** CITY-ST-ZIP **DUNEDIN FL**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **HOELLE, TIM** STREET ADDRESS **6042 7TH AVE. NTH** CITY-ST-ZIP **ST. PETERSBURG FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____