

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90273 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N50475

1. Corporation Name  
**STAGE OF LIFE PRODUCTIONS INC.**

Principal Place of Business  
 18777 NW 78TH PLACE  
 MIAMI LAKES FL 33015

Mailing Address  
 18777 NW 78TH PLACE  
 MIAMI LAKES FL 33015



21	18339-A NW 68 Ave	2a	18339-A NW 68 Ave	3	Date Incorporated or Qualified 08/20/1992
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FBI Number 65-0353324
23	City & State Miami Lakes FL	27	City & State Miami Lakes FL	5	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33015	28	Zip 33015	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country US	29	Country US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, JAMES 18777 NW 78TH PLACE MIAMI LAKES FL 33015				81	Name Watson James		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	15968 SW 4 ST		
				84	City Pembroke Pines	85	Zip Code FL 33027

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: James Watson (NOTE: Registered Agent signature required when reinstating) President DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WATSON, JAMES		1.2 NAME	Watson James			
STREET ADDRESS	18779 NW 78 STREET		1.3 STREET ADDRESS	15968 SW 4 ST			
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	Pembroke Pines FL 33027			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HUDSON, JACK A		2.2 NAME	Tony Melendez			
STREET ADDRESS	7808 SHALIMAR ST		2.3 STREET ADDRESS	7624 Granada Blvd.			
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	MIRAMAR FL 33023			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WATSON, MARIA		3.2 NAME	WATSON MARIA			
STREET ADDRESS	18777 NW 78 PL		3.3 STREET ADDRESS	15968 SW 4 ST			
CITY-ST-ZIP	MIAMI LAKES FL		3.4 CITY-ST-ZIP	Pembroke Pines FL 33027			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	ODOM, SEAN			
STREET ADDRESS			4.3 STREET ADDRESS	2216 Taft St.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Hollywood FL 33020			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE: James Watson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 4/29/99 DAYTIME PHONE #: 305 608 6228

CR2E037 (1/198)