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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004769 (6)

1. Corporation Name

CENTRAL FLORIDA FESTIVALS, INC.



Principal Place of Business

Mailing Address

5352 LAKE UNDERHILL RD.
ORLANDO FL 32807P.O. BOX 621231
ORLANDO FL 32862-1231
US

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, SHAWN
5352 LAKE UNDERHILL RD.
ORLANDO FL 32807

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 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 ☐ DELETENAME SMITH, SHAWN
STREET ADDRESS 5352 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO FL 328071.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME SHEYNON-SMITH, CRISTIN
STREET ADDRESS 5352 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO FL 328071.2 NAME ☐ Change ☐ AdditionTITLE D ☐ DELETENAME SMITH, SONDR
STREET ADDRESS 1211 ROMAD AVENUE
CITY-ST-ZIP ORLANDO FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition

14. I do 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, upon an attachment with an address.

SIGNATURE:

SHAWN THOMAS SMITH 1-23-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018194

CR2E037 (9/96)