

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005665

FILED
Feb 23, 2004
Secretary of State

Entity Name: SESQUICENTENNIAL PRODUCTIONS, INC.

Current Principal Place of Business:

2345 BEE RIDGE ROAD
SUITE 6
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

15 CROSSROADS CENTER, BOX 1845
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0534189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, CLIFFORD M
100 WALLACE AVE
SUITE 380
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

KING, CLIFFORD M
SUITE 303
2033 MAIN STREET
SARASOTA, FL 34236 US

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:

02/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMY, MARION M
Address: PO BOX 5103 N/A
City-St-Zip: SARASOTA, FL 34277

Title: D () Delete
Name: MATTHEWS, JANET S
Address: PO BOX 5343 N/A
City-St-Zip: SARASOTA, FL 34277

Title: D () Delete
Name: MATTHEWS, A. LAMAR
Address: 1777 MAIN ST, SUITE 500
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: EKLUND, JEANNE
Address: 851 FAULKWOOD CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALMY, MARION M
Address: PO BOX 5103 N/A
City-St-Zip: SARASOTA, FL 34277

Title: DST (X) Change () Addition
Name: MATTHEWS, JANET S
Address: PO BOX 5343 N/A
City-St-Zip: SARASOTA, FL 34277

Title: DV (X) Change () Addition
Name: MATTHEWS, A. LAMAR
Address: 1777 MAIN ST, SUITE 500
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. LAMAR MATTHEWS, JR.

VP

02/23/2004

Electronic Signature of Signing Officer or Director

Date