

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**Oct 06 1998 8:00am**  
**Secretary of State**

0002253

**DOCUMENT# N95000004634 (0)**

1. Corporation Name

**COUNTRY MUSIC'S TRAVELING CHILDREN'S SHOW, INC.**



Principal Place of Business <b>P O BOX 1424 131 HARRISON ST SB TITUSVILLE FL 32781 US</b>		Mailing Address <b>6695 WINDOVER WAY TITUSVILLE FL 32780</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 PO BOX 1424</b>	3. Date Incorporated or Qualified <b>09/29/1995</b>	4. FEI Number <b>59-3387809</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For Not Applicable
23 City & State	28 City & State <b>TITUSVILLE FLA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Zip <b>32781</b>	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STALKER, JOHN 6695 WINDOVER WAY TITUSVILLE FL 32780</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PRISCILLA DAWN STILWELL</b>
NAME	<b>STALKER, JOHN</b>	1.2 NAME	<b>2645 HILLCREST AVE.</b>
STREET ADDRESS	<b>6695 WINDOVER WAY</b>	1.3 STREET ADDRESS	<b>TITUSVILLE FL 32796</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>STEVEN COWAN</b>
NAME	<b>FORE, LORIS</b>	2.2 NAME	<b>221 WASHINGTON AVE.</b>
STREET ADDRESS	<b>6695 WINDOVER WAY</b>	2.3 STREET ADDRESS	<b>CAPE CANAVERAL FL 32920</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>FORE, KENNETH</b>	3.2 NAME	
STREET ADDRESS	<b>6695 WINDOVER WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	<b>800002657278</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-10/07/98--01020--011</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE		6.1 TITLE	
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.

SIGNATURE: **JOHN W. STALKER** *John W. Stalker* **9/25/98** **407-269-5017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)