

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000004994**1. Entity Name
THE IMAGINE STAGE COMPANY, INC.

Principal Place of Business 40 NORTHWEST 76TH AVENUE, SUITE 206-1 PLANTATION FL 33324	Mailing Address 40 NORTHWEST 76TH AVENUE, SUITE 206-1 PLANTATION FL 33324
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2. Principal Place of Business 861 SW 63RD AVENUE Suite, Apt. #, etc.	3. Mailing Address 861 SW 63RD AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PLANTATION FL	City & State PLANTATION FL	4. FEI Number 65-0615518	Applied For Not Applicable
Zip 33317	Country	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEELER JERRY 40 NW 76TH AVENUE STE. 206-1 PLANTATION FL 33324 US	7. Name and Address of New Registered Agent Name SEEGER JERRY Street Address (P.O. Box Number is Not Acceptable) 861 SW 63RD AVENUE City PLANTATION FL Zip Code 33317
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8. 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 **JERRY SEEGER** 02/20/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JERRY SEEGER** STD 02/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)