2003 **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
03 JAN 02 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/09/02--01051--011 **70.00

2003 UBR

DOCUMENT # N95000004994

1. Entity Name
IMAGINE STAGE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
861 SW 63rd AVE	861 SW 63rd AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33317 Country: USA	Zip: 33317 Country: USA

4. FEI Number 65-0615518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JERRY SEEGER
Street Address (P.O. Box Number is Not Acceptable): 861 SW 63rd AVE.
City: PLANTATION FL Zip Code: 33317

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ELENA M. GARCIA D
STREET ADDRESS	861 SW 63rd AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VICE-PRESIDENT
NAME	LORENA DIAZ D
STREET ADDRESS	1940 JEFFERSON ST. #1
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	SECRETARY-TREASURER
NAME	JERRY SEEGER D
STREET ADDRESS	861 SW 63rd AVE.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #