## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State

1997

DIVISION OF CORPORATIONS

DOCUMENT # N9600000178 (1)

PBS BACKSTAGE, INC.

Principal Place of Business Mailing Address 00 FESTIVAL PARK AVE 100 FESTIVAL PARK AVE. ACKSONVILLE FL 32202 JACKSONVILLE FL 32202-1309 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable 59 3357422 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 25 29 30 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** LEE, PAT Street Address (P.O. Box Number is Not Acceptable) 100 FESTIVAL PARK AVE. <del>1900023</del> 83 JACKSONVILLE FL 32202 -10/24/97--01080--012 **滤\*排物:1. 25** 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. (96/6)DELETE Change Addition TITLE PD 1.1 TITLE President D Crace M. Neville
P.O. Box 330-327
14 tlantic Bch. Fl. 32233
151 Vice President D
Toni Philips
100 Fabilial Park Ale
Jackson 111 El 3220 d NAME KELLY, JOHN J JR. 1.2 NAME NB3404 HIDDEN LAKE DRIVE EAST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE BRAUNSROTH, RHONDA NAME 2.2 NAME STREET ADDRESS 1420 FRUIT COVE ROAD NORTH 2.3 STREET ADDRESS Joc1460 noi 11e, F1. 3220 0 JAOKSONVILLE FL 32259 CITY-ST-ZIP 2.4 CITY-ST-ZIP navice Président DELETE 3.1 TITLE D Change Addition TITLE Gail Melton NAME SNITZER, MARK 3.2 NAME 734 Saint Isabel Or STREET ADDRESS 8936 BLAIN MEADOWS DRIVE 3.3 STREET ADDRESS CITY ST. ZIP JACKSONVILLE FL 32257 3.4. CITY-ST-ZIP DELETE Vice President TITLE 4.1 TITLE Change Addition honda Braunsioth NAME 🐛 AKERS, JIM 4. 2 NAME STREET ADDRESS 8629 ROYALWOOD DRIVE 4.3 STREET ADDRESS Jacksonville, Flight Vice President JACKSONVILLE FL 32256 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE walt Hammond P.O. Boy G NIR NAME **NEVILLE, GRACE** 5.2 NAME STILET ADDRESS P.O. BOX 330-327 5.3 STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 5.4 City - ST-7IP DELETE TITLE 6.1 TITLE Va Director Linda Dresdner Addition NAME WILKINSON, MARK 6.2 NAME 9765 South Brook Dr., 8627 PEBBLE CREEK LANE STREET ADDRESS 6.3 STREET ADDRESS

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. If 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 (changed, or on an attachment with an address.

APPROVED AND

1997 OCT 23 PM 3: 10

SECRETARY OF STATE

TALLAHASSEE, FLORIDA