

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

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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DOCUMENT # **N96000000178 (1)**

1. Corporation Name

**PBS BACKSTAGE, INC.**



Principal Place of Business <b>100 FESTIVAL PARK AVE. JACKSONVILLE FL 32202</b>	Mailing Address <b>100 FESTIVAL PARK AVE. JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>01/10/1996</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-3357422</b>		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</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	
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>LEE, PAT 100 FESTIVAL PARK AVE. JACKSONVILLE FL 32202</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>REGINALD STEPHENS</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 FESTIVAL PARK AVE.</b>	
83	
84 City <b>JACKSONVILLE</b>	85 Zip Code <b>FL 32202</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 *Reginald Stephens* **REGINALD STEPHENS** **2/23/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
PD	NEVILLE, GRACE M	D	NEVILLE, GRACE
STREET ADDRESS	P.O. BOX 330-327	1.2 NAME	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
VD	PHILIPS, TONI	PD	REGINALD STEPHENS
STREET ADDRESS	100 FESTIVAL PARK AVE	2.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.3 STREET ADDRESS	100 FESTIVAL PARK AVE.
		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	NAME	3.1 TITLE	NAME
VD	MELTON, GAIL		
STREET ADDRESS	5734 SAINT ISABEL DR	3.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
V	HAMMOND, WALT		
STREET ADDRESS	P.O. BOX 6 N/A	4.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL 32201	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
D	DRESDNER, LINDA		
STREET ADDRESS	9765 SOUTH BROOK LANE., #3207	5.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL 32258	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
T	WILKINSON, MARK		
STREET ADDRESS	8627 PEBBLE CREEK LANE	6.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL 32258	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

1.1 TITLE	NAME	1.2 NAME	NAME
D	NEVILLE, GRACE		
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE	NAME	2.2 NAME	NAME
PD	REGINALD STEPHENS		
2.3 STREET ADDRESS	100 FESTIVAL PARK AVE.	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
3.1 TITLE	NAME	3.2 NAME	NAME
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE	NAME	4.2 NAME	NAME
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE	NAME	5.2 NAME	NAME
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE	NAME	6.2 NAME	NAME
6.3 STREET ADDRESS		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: *Mark Wilkinson* **Treasurer** **2/24/98** **904-396-16675**

CR2E037 (10/97)