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97 JUN 20 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



904) 4888 - 9000

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000002014 (6)**

1. Corporation Name

ENTERTAINMENT REVUE, INC.

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| Principal Place of Business 2620 PARK VIEW AVENUE TAMPA FL 33629 | Mailing Address 2620 PARK VIEW AVENUE TAMPA FL 33629 |
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|--|-------------------------|
| 3. Date Incorporated or Qualified 04/09/1996 | 3a. Date of Last Report |
|--|-------------------------|

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|--|---|
| 2. Principal Place of Business 21 Tampa Suite, Apt. #, etc. 22 Same City & State 23 Tampa, FL Zip 24 33629 Country 25 USA | 2a. Mailing Address 26 2620 Park View Ave Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33629 Country 30 USA |
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|---|--|
| 4. FEI Number Applied for | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 9. Name and Address of Current Registered Agent STEVENS, CYNTHIA 2620 PARK VIEW AVENUE TAMPA FL 33629 | |
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|---|
| 10. Name and Address of New Registered Agent 81 Name Cynthia Stevens 82 Street Address (P.O. Box Number is Not Acceptable) 2620 Park View Ave 83 84 City Tampa FL 85 Zip Code 33629 |
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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 Cynthia Stevens (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, CYNTHIA | 1.2 NAME | 000002221200--5 |
| STREET ADDRESS | 2620 PARK VIEW AVENUE | 1.3 STREET ADDRESS | -06/24/97--01048--008 |
| CITY-ST-ZIP | TAMPA FL 33629 | 1.4 CITY-ST-ZIP | *****70.00 *****70.00 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIES, ROBERT D JR. | 2.2 NAME | |
| STREET ADDRESS | 2620 PARK VIEW AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33629 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISS, HERB JR. | 3.2 NAME | |
| STREET ADDRESS | 15310 AMBERLY DRIVE, STE. 250 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33647 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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. 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.

CR2E037 (9/96)