SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

0014513

NONPROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	FILED 98 SEP 18 PM 1:39 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # N96000002014 (6)

1. Corporation Name

ENTERTAINMENT REVUE, INC.

Principal Place of Business	Mailing Address
2620 PARK VIEW AVENUE TAMPA FL 33629	2620 PARK VIEW AVENUE TAMPA FL 33629

3. Date Incorporated or Qualified
04/09/1996

4. FEI Number — APPLIED FOR 59-3522120 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEVENS, CYNTHIA 2620 PARK VIEW AVENUE TAMPA FL 33629	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City ___ FL 85 Zip Code

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)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE NAME STEVENS, CYNTHIA STREET ADDRESS 2620 PARK VIEW AVENUE CITY-ST-ZIP TAMPA FL 33629	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 90000264957S— T 1.3 STREET ADDRESS -09/28/98--01005--018 1.4 CITY-ST-ZIP ******8.75 ******8.75
TITLE () ☐ DELETE NAME GRIES, ROBERT D JR. STREET ADDRESS 2620 PARK VIEW AVENUE CITY-ST-ZIP TAMPA FL 33629	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 90000264957S—017 T 2.3 STREET ADDRESS -09/28/98--01005--017 2.4 CITY-ST-ZIP ****136.25 ****136.25
TITLE D ☐ DELETE NAME FISS, HERB JR. STREET ADDRESS 15310 AMBERLY DRIVE, STE. 250 CITY-ST-ZIP TAMPA FL 33647	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E037 (5/98)

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: _Cynthia Stevens_

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