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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002014

1. Corporation Name

ENTERTAINMENT REVUE, INC.

Principal Place of Business

2620 PARK VIEW AVENUE
TAMPA FL 33629

Mailing Address

2620 PARK VIEW AVENUE
TAMPA FL 33629



Tampa FL

2. Principal Place of Business

21 *2620 Park View*

2a. Mailing Address

26 *2620 Park View*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 *Tampa, FL*

27 City & State

28 *Tampa, FL*

24 Zip Country

33629 USA

29 Zip Country

33629 USA

3. Date incorporated or Qualified

04/09/1996

4. FEI Number

59-3522129

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEVENS, CYNTHIA
2620 PARK VIEW AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 *2620 Park View Ave.*

84 City

Tampa

FL

85 Zip Code

33629

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

1-20-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D STEVENS, CYNTHIA**
STREET ADDRESS **2620 PARK VIEW AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME **D GRIES, ROBERT D JR.**
STREET ADDRESS **2620 PARK VIEW AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ DELETE

NAME **D FISS, HERB JR.**
STREET ADDRESS **15310 AMBERLY DRIVE, STE. 250**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)