


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90035 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006079

1. Corporation Name
SOUTHWEST FLORIDA EPIC DRAMA, INC.

6 8 5 606568 - 90008 - 1

Principal Place of Business 198 A CARIBBEAN RD NAPLES FL 33108	Mailing Address 198 A CARIBBEAN RD NAPLES FL 33108
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2. Principal Place of Business 21 525 Fifth St. NW	2a. Mailing Address 26 525 Fifth St NW	3. Date Incorporated or Qualified 11/27/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0711583
22	27	Applied For Not Applicable
23 City & State Naples, FL	28 City & State Naples, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34120 25 Country Collier	29 Zip 34120 30 Country Collier	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COMPTON, RICHARD F III 198 A CARIBBEAN RD NAPLES FL 33108	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 _____ (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 COMPTON, RICK		1.2 NAME	
STREET ADDRESS 198 A CARIBBEAN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33108		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUGGEMEYER, AL		2.2 NAME	
STREET ADDRESS 282 EDGEMERE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34105		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FITCH, JOHN		3.2 NAME	
STREET ADDRESS 3776 CRACKER WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL 34134		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOMBARDO, CHRISTOPHER		4.2 NAME	
STREET ADDRESS 801 LAUREL OAK DR		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34108		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Tony Lawhon	
STREET ADDRESS		5.3 STREET ADDRESS 2171 Pine Ridge Rd. Suite D	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Naples, FL 34109	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **REQUIRED**

Date **4-30-99** Telephone # **941-348-1405**

CR2E037 (1/98)