2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016648

FILED Sep 10, 2004 Secretary of State

Entity Name: SHOW BIZ TRANSPORTATION SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 18916 WOOD SAGE DR. TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 18916 WOOD SAGE DR. TAMPA, FL 33647 FEI Number: 59-3624792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERWILLIGER, CAROL 18916 WOOD SAGE DR TAMPA, FL 33647 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition Name: MCKAY, MARILYN Name: 18911 WOOD SAGE DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: Title: () Delete (X) Change () Addition TERWILLIGER, CAROL TERWILLIGER, CAROL Name: Name: 18916 WOOD SAGE DR 18916 WOOD SAGE DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 (X) Delete Title: CFO Title: () Change () Addition TERWILLIGER, CAROL Name: Name: 18916 WOOD SAGE DR Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: PTS () Delete Title: (X) Change () Addition MCKAY, MARILYN MCKAY, MARILYN Name: Name: Address: 18916 WOOD SAGE DR Address: 18916 WOOD SAGE DR City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: COO Title: (X) Change () Addition () Delete WAGNER, SIDNEY J WAGNER, SIDNEY J Name: Name: 18916 WOOD SAGE DR. Address: 18916 WOOD SAGE DR. Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL TERWILLIGER P 09/10/2004