

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000017707

FILED
Apr 30, 2003
Secretary of State

Entity Name: MAIN STAGE, INC.

Current Principal Place of Business:

PO BOX 999
WINTER HAVEN, FL 338820999

New Principal Place of Business:

Current Mailing Address:

PO BOX 999
WINTER HAVEN, FL 338820999

New Mailing Address:

FEI Number: 59-3625700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKACICH, COBE
12310 KIRBY SMITH ROAD
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIKACICH, COBE
Address: 4403 RAYMAE RD
City-St-Zip: ORLANDO, FL 32839

Title: VPD () Delete
Name: BISCHOFF, CHRIS
Address: 32907 OAK PARK DR.
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIKACICH, COBE
Address: 4403 RAYMAR RD
City-St-Zip: ORLANDO, FL 32839

Title: VPD (X) Change () Addition
Name: BISCHOFF, CHRIS
Address: 32707 OAK PARK DR.
City-St-Zip: LEESBURG, FL 34748

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: CHRIS BISCHOFF

VPD

04/30/2003

Electronic Signature of Signing Officer or Director

Date