

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REPUBLIC OF FLORIDA
ARTICLE IV, SECTION 1
1995



DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

05 MAY - 1 AM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040764 (1)

SHOWTIME U.S.A. - SHOWTIME PERFORMING ARTS, INC.

1. Principal Office Address 69 S DIXIE HWY SUITE B ST AUGUSTINE FL 32095		28. Mailing Address 69 S DIXIE HWY SUITE B ST AUGUSTINE FL 32095		3. Code (If change, submit a statement) 06/01/1993		3a. Date of Last Request 03/04/1994	
2. Principal Office Address 21. 1681 U.S. 1 South State: FL		28. Mailing Address 26. 1681 U.S. 1 South State: FL		4. FE Number 59-3186134		Applied Fee Not Applicable	
22. St. Augustine, FL		27. St. Augustine, FL		5. Certificate of Status Expires ☐		\$8.75 Additional Fee Required	
23. 32086		29. USA		6. Has the corporation filed any Trust Fund Contributions ☐		\$5.00 May Be Added to Fees	
24. 32086		30. USA		7. This corporation has adopted, for information purposes, the Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent COLLINS, BERTHA L 69 S DIXIE HWY SUITE B ST AUGUSTINE FL 32095				10. Name and Address of New Registered Agent 81. Name 82. Street Address (City, Box Number is Not Applicable) 83. 84. State FL			
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the person named in the foregoing statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, has been authorized by the corporation to be its director, or by the corporation to be its registered agent, or both, and to accept the qualification of the person named in the foregoing statement.							
SIGNATURE 12. OFFICER AND DIRECTOR 13. ADDITIONAL OFFICERS AND DIRECTORS							
12. OFFICER AND DIRECTOR ST COLLINS, BERTHA L 69 S DIXIE HWY SUITE B ST AUGUSTINE FL P MASTERS, PAMELA G. 69 S. DIXIE HWY, SUITE B ST. AUGUSTINE FL				13. ADDITIONAL OFFICERS AND DIRECTORS Change ☒ Add ☐ Change address Change ☒ Add ☐ Change address			

SIGNATURE:

P. Masters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-95 924-826-1863