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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000045126 (8)

1. Corporation Name

VAUDEVILLE PRODUCTIONS, INC.

Principal Place of Business Malling Address 3390 GANDY BLVD., N. 3390 GANDY BLVD., N. # 340 # 340 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1993 04/27/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3187170 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has lability for intangible fax under s 199.032, Florida Statutes 

Yes 
No Country Zφ Country Zin 30 29 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GRAF, CAROL A Street Address (P.O. Box Number is Not Acceptable) 82 3390 GANDY BLVD., N. 83 # 340 ST. PETERSBURG FL 33702 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. DATE (NOTE: Registered Agon) signature required when reinstaling) Signature, typed or printed name of registered agent and other flackwishler ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DELETE 1.1 TITLE TITLE GRAF, CAROL A 1.2 NAME NAME 3390 GANDY BLVD., N., # 342 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33702 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-S1-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

64 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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 cath; 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 in Block 12 or Block 13 if changed, or on an attachment with an address

3.4 CITY - ST-ZIP

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - S7 - ZiP

4. 1 TITL€

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIENING OFFICER OR DIRECTOR

DELETE

☐ DELETE

□ DELETE

1-31-96

813-577-6185

CR2E034 (12/95)

Addition

☐ Addition

Addition

Change

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