FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000026236 (7)**

1. Corporation Name

PREMIERE SHOWS, INC.

Principal Place of Business	Mailing Address
411 EAST JACKSON STREET SUITE 201 ORLANDO FL 32802	411 EAST JACKSON STREET SUITE 201 ORLANDO FL 32801-2855

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21: 1607 Park Lake St.
22: Suite, Apt. # etc:
23: City & State: Orlando FL
24: Zip: 32803
25: Country: Orange

2a. Mailing Address
26: 1607 Park Lake St.
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32803
30: Country: Orange

4. FEI Number: 59-3214991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THACKER, O. STEPHEN
407 SOUTH EWING AVENUE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRITT, HOWARD		1.2 NAME		
STREET ADDRESS	411 EAST JACKSON STREET , SUITE 201		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEVILLA, WILLIAM P		2.2 NAME		
STREET ADDRESS	8725 115TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEVILLA, MAUREEN		3.2 NAME		
STREET ADDRESS	8725 115TH AVENUE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEVILLA, THOMAS		4.2 NAME		
STREET ADDRESS	8725 115TH AVENUE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34643		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: O. Stephen Thacker President 407-228-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #