

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90095 010 \*\*\*\*25.00  
 02-09-2000 90372 014 \*\*\*125.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P94000026236</b>																															
1. Entity Name <b>PREMIERE SHOWS, INC.</b>																															
Principal Place of Business <b>1607 PARK LAKE ST ORLANDO FL 32803 US</b>		Mailing Address <b>1607 PARK LAKE ST ORLANDO FL 32803-4154 US</b>																													
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
6. Name and Address of Current Registered Agent  <b>THACKER, O. STEPHEN 407 SOUTH EWING AVENUE CLEARWATER FL 34616</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code																													
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																													
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<table border="1"> <thead> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>D BRITT, HOWARD 411 EAST JACKSON STREET, SUITE 201 ORLANDO FL 32802</b> <input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>HOWARD BRITT 1607 PARK LAKE ST ORLANDO FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>D SEVILLA, WILLIAM P 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>D SEVILLA, MAUREEN 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>D SEVILLA, THOMAS 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRITT, HOWARD 411 EAST JACKSON STREET, SUITE 201 ORLANDO FL 32802</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HOWARD BRITT 1607 PARK LAKE ST ORLANDO FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEVILLA, WILLIAM P 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEVILLA, MAUREEN 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEVILLA, THOMAS 8725 115TH AVENUE NORTH LARGO FL 34643</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I 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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.																															

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/26/00 407-228-0208**  
 Date Daytime Phone #