## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

, with all other like empowered.

## Jan 23, 2001 8:00 am DOCUMENT # **P94000026236 Secretary of State** 1. Entity Name PREMIERE SHOWS, INC. 01-23-2001 90100 028 \*\*\*150.00 Principal Place of Business Mailing Address 1607 PARK LAKE ST 1607 PARK LAKE ST ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address emoran emoran .- DO:NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3214991 asselberr Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THACKER, O. STEPHEN Street Address (P.O. Box Number is Not Acceptable) 407 SOUTH EWING AVENUE **CLEARWATER FL 34616** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (10/00 TITLE Change TITLE BRITT, HOWARD 1607 PARK LAKE ST. 1033 E. Semoran Blud #209 NAME STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 Casselburry Fl CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change NAME SEVILLA, WILLIAM P NAME STREET ADDRESS STREET ADDRESS 8725 115TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34643 ☐ Delete TITLE Change ☐ Addition TITLE NAME SEVILLA, MAUREEN --NAME STREET ADDRESS STREET ADDRESS 8725 115TH AVENUE NORTH CITY-ST-7IP CITY-ST-7IP LARGO FL 34643 ☐ Change Addition TITLE ☐ Delete TITLE SEVILLA, THOMAS NAME MAME STREET ADDRESS 8725 115TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34643 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if