FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 13 1998 8:00am

Secretary of State

11/1/00

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

P94000087298 (3)

SIDESTEP PRODUCTIONS, INC.

Principal Plac	ce of Business	Mailing Address			\$0 \$ 8 0 \$0 \$ \$	
1111 N. WESTSHORE BLVD. SUITE 215 TAMPA FL 33607 US		1111 N. WESTSHORE BLVD. SUITE 215 TAMPA FL 33607 US		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				12/01/1994		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3281254	Not Applicable	
Suite, Apt	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25 25 Name and Address of Curre	29 nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register		
DD			81 Nam			
	OWNE, CHAD W 1 E MADISON ST			(Add (DO Do		
SUITE 2300			82 Stree	et Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602			83			
, , ,	WINT I C GOODE		84 City		les I Zin Codo	
			84 City	F	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 agont, 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 Signalure, typical or print of natural of registered agent, and title if applicable. (NOT). Registered Agent signature required when reinstating). DATE.						
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPST	DELETE	1.1 T(T) E	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	CURTIS, NANCY R		1.2 NAME			
STREET ADDRESS	13931 BELLAMY BROTHERS	RI VD	1.3 STREET ADDRES	s		
CITY-ST-ZIP	DADE CITY FL 33525		1.4 C(1)Y-\$1-ZIP			
TITLE	DVP	DELETE	2.1 TITLE		Change Addition	
NAME	SCHMIDT, MARK S.		2.2 NAME			
STREET ADDRESS	13931 BELLAMY BROS. BLVI) .	2.3 STREET ADDRES	s		
CITY-ST-ZIP	DADE CITY FL	The state of the s	2. 4 CITY - ST - ZIP			
TITLE	40	DELETE	3.1 TITLE		Change Addition	
NAME	Barbara Rosentha 51 Le N. Bradfor		3.2 NAME			
STREET ADDRESS	SILE IN Brad For	d Au	3.3 STREET ADDRES	\$		
CITY-ST-ZIP	Tampa Fz 33	(co)	3.4. CITY · ST · ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	5		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZiP 5.1 TITLE		Change Addition	
NAME		LJ otter	5.2 NAME		El charge El roution	
STREET ADDRESS			5.3 STREET ADDRES	e		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	" 		
TITLE		DELETE	61 TITLE		Change Addition	
NAME		-	62 NAME			
STREET ADDRESS			63 STREET ADDRESS	s		
CITY-ST-ZIP			64 CITY-ST-ZIP			
14. I hereby	certify that the information supplied v	vith this filing does not qualify t	or the exemption sta	ated in Section 119.07(3)(i), Florida Statutes. I furthe	r 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 trusted 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.						