FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # P95000001062 (5)

1. Corporation Name
S.O.B.T.LIVE NUDE SHOWS, INC.

Principal Place of Business
2575 ULMERTON RD
SUITE 302
CLEARWATER FL 34622

Mailing Address
2575 ULMERTON RD
SUITE 302
CLEARWATER FL 34622

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:
4. FEI Number: 59-3291300 ☐ 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

2. Principal Place of Business
21: 2207 S orange Blossom Tr
Suite, Apt. #, etc.
22:
City & State
23: orlando Fl
Zip / Country
24: 32805 25: Orange

2a. Mailing Address
26: 5929 Clydesdale Pl
Suite, Apt. #, etc.
27:
City & State
28: Orlando Fl
Zip / Country
29: 32822 30: Orange

9. **Name and Address of Current Registered Agent**

JOHNSON, KEITH
2575 ULMERTON RD
SUITE 302
CLEARWATER FL 34622

10. **Name and Address of New Registered Agent**

81 Name: Steven Drake
82 Street Address (P.O. Box Number is Not Acceptable): 5929 Clydesdale Pl
83
84 City: orlando FL 85 Zip Code: 32822

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 [signature] Steve Drake President 2-28-96
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JOHNSON, KEITH R	
STREET ADDRESS	2575 ULMERTON RD SUITE 302	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	P	☐ DELETE
NAME	Steve Drake	
STREET ADDRESS	5929 Clydesdale Pl	
CITY-ST-ZIP	orlando Florida 32822	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Steve Drake	
1.3 STREET ADDRESS	5929 Clydesdale Pl	
1.4 CITY-ST-ZIP	or Fl 32822	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****200.00

M.M.
3-20-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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: [signature] Steve Drake President 2-28-96 407 380-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370216 CP