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FILED
Aug 20 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 # P95000001062 (5)

1. Corporation Name

S.O.B.T.LIVE NUDE SHOWS, INC.



Principal Place of Business

2807 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

5929 CLYDESDALE PL.
ORLANDO FL 32822-4231

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 400 E. Anderson St.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

03/20/1996

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

9. Name and Address of Current Registered Agent

DRAKE, STEVEN
5929 CLYDESDALE PL.
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

Lief Brooks

82 Street Address (P.O. Box Number is Not Acceptable)

400 E. Anderson St.

83

84 City

Orlando

FL

85 Zip Code
32801

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

Lief Brooks

5/13/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DRAKE, STEVE
STREET ADDRESS 5929 CLYDESDALE PL.
CITY-ST-ZIP ORLANDO FL 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME LIEF BROOKS
1.3 STREET ADDRESS 400 E. Anderson St.
1.4 CITY-ST-ZIP Orlando, FL 32801

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

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

Lief Brooks

5/13/97

407-246-1090

CR2E034 (9/96)