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

**PROFIT CORPORATION** -ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90033 035 \*\*\*150.00

**DOCUMENT #** 

Principal Place of Business

P95000033671 1. Corporation Name

THEATRICAL ACCOUNTING SERVICES, INC.

Mailing Address

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

Applied For

4/28/1995

3. Date Incorporated or Qualifed

4. FEI Number

21 1200 1	TITEMMITUM FALKWAY	26	1.0, box	2000	<u> </u>		59-3314657		L NO	ot Applicable
Suite, Apt.		匚	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22 Suite		27		-	•			=_	- Fee Re	equired
City & Stat		L_	City & State				6. Election Campaign Financing	, 🗆	\$5.00	-
23 Brando	n, FL	28					Trust Fund Contribution		Added	to Fees
Zip	Country	Ļ.,	Zip	_ Coun	try		8. This corporation owes the cu	rrent year I		
24 33511	25 US	29		0 <u>T</u>	IS_		Personal Property Tax.			3 <b>C3</b> 0No
Name and Address of Current Registered Agent							10. Name and Address of New	Registere	d Agent	
				'	81	Name	E C::114			
				- fa	82	Street Addres	F. Sullivan ss (P.O. Box Number is Not Accep	table)		· · · · · ·
						1206	Millennium Parkwa	y, Su	ite 2000	
-				1	83		<del>-</del>			ļ
				ļ.	84	Cit			. 85 Zip	Codo
	,				04	City Bran	don	F	<b>L</b>   85   Zip (	
11. Pursuant	to the provisions of Sections 607.6502	and (	607.1508, Florida Statutes	, the ab	ove-	named cornor	ation submits this statement for th	e purpose	of changing its	registered
office or r	registered agent) or both, in the State of im familiar with land accept the obligatio	Flori	ida. Such change was auth	norized l	by th	ne corporation	's board of directors. I hereby acc	ept the app	ointment as re	gistered
agent. i a	im familiar with fand accept the obligatio	ns o	t, Section 607.0505, Florid	a Statut	ies.					
SIGNATURE	Signature, types or printed name of registered agent as	nd title	if annicable (NOTE: Re	egistered A	oent :	signature required w	when reinstating)	DATE	·	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO C	FFICERS /	AND DIRECTO	DRS IN 12
TITLE	DEST	-	☐ DELETE	1.1 TITL	.E				Change	Addition
NAME	Edward J. Munley			1.2 NAM	Æ					
	1206 Millennium Parkw	70.37	Suite 2000	13.STR	FETA	VDDRESS				
		ay	, Suite 2000	1.4 CITY						
TITLE	Brandon, FL 33511		☐ DELETE	2.1 TITL		-			Change	Addition
NAME				2.2 NAM						
					-	ADDRESS				
STREET ADDRESS				2.4 CIT						
CITY-ST-ZIP TITLE			DELETE	3.1 TITL		-ZIF	<del></del>		☐ Change	Addition
				3.2 NAM						_
NAME						PPPP				
STREET ADDRESS						DDRESS				
CITY-ST-ZIP	<u></u>		☐ DELETE	3.4. CIT		-ДР			Change	Addition
TITLE	,		₩ NCTEIE	4.1 TITL					□ cuarige	
NAME				4. 2 NAN						
STREET ADDRESS				1		DDRESS				
CITY-ST-ZIP			F1 an. ===	4,4 CITY		ZIP				Addition
TITLE			☐ DELETE	5.1 TITL					☐ Change	
NAME			,	5.2 NAM						
STREET ADDRESS			•			DDRESS				
CITY-ST-ZIP	\$			5.4 CITY		ZIP				
TITLE	·		DELETE	6.1 TITL	E				☐ Change	Addition
NAME				6.2 NAM	Æ					
STREET ADDRESS				6.3 STR	EET A	DDRESS				
CITY-ST-ZIP				6.4 CITY	/-ST-	ZIP		- <u></u>		

14. 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 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 receively 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, with all other like empowered.

SIGNATURE:

Edward J. Munley, President

Daytime Phone #