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Jan 27 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 # P95000039300 (5)

1. Corporation Name

BACKSTAGE ENTERTAINMENT INC.



Principal Place of Business

3115 W COLUMBUS DR #103
TAMPA FL 33607

Mailing Address

3115 W COLUMBUS DR #103
TAMPA FL 33607-1854

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 6329 Peachtree Industrial 4109 Fairview Vista PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

Doraville GA

27

City & State

Orlando FL

23

Zip

30360

Country

29

Zip

32804

Country

U.S.A.

24

9. Name and Address of Current Registered Agent

KNOWLES, ROBERT
3115 W COLUMBUS DR #103
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Robert Knowles

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

4109 Fairview Vista PT #220

83

84 City

Orl

FL

85 Zip Code

32804

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME KNOWLES, ROBERT
STREET ADDRESS 3115 W COLUMBUS DR #103
CITY-ST-ZIP TAMPA FL 33607

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

800002073428
-01/30/97--01028--050
***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Knowles

1/21/97

407-523-1484

CR2E034 (9/96)