FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000057976	(9)
Cornoration Name		•

STAGESTALKER ENTERTAINMENT, INC.



Principal Place of Business	Mainig Address				
821 3RD STREET WEST PALM BEACH FL 33401	821 3RD STREET West Palm Beach Fl	. 33401			
			3. Date Incorporated or Qualified 07/25/1995	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	/ Applied For	
20341 NO 15 AVE	26 2031/1	NG 15 A18	65-0599514	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State N. MiAMi Bch., FL Zip Country	Orty & State 28 N. Mi AMi	Reh, Fl	6. Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
4 33/79 25 U.S.A.	29 35179	Country 30 U.S.A.		□No	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent	
		81 Name			
NEWSOME, HERBERT JR. 821 3RD STREET			82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401		63			
11. Pursuant to the provisions of Sections 607.050		84 City		FL 85 Zip Code	
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE HERBEAT NEWSON	18. JR. V	He Fred Level Agent requisitors only	The Test and the second	7/5/96	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FIGERS AND DIRECTORS IN 12 Change	
THE VICE President	DELFTE	1 1 10 LF 1 2 NAME		One-rigit	
NAME ROSE MOSS SIREET ADDRESS 20311 NE 15th Ave		L3 STREET ADDRESS			
STREET ADDRESS 203/11 NE 13	E1 32:09	1.4 City - St - ZiF			
CITY-ST-ZIP NO. MiAmi Brach 1	DETETE	2 1 TITLE		Change Addition	
NAME DAME A. MIRC	_	2.2 NAME			
STREET ADDRESS 4428 SW 90 AVE		23 STREET ADDRESS			
CITY-ST-ZIP Ft- LAND., FC 33328		2.4 CITY - ST - 7IP			
TITLE	☐ DELETE	3 1 TIFLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY -ST- 7IP	Page 15 Control of the control of th	3.4 CITY - ST - 21F		Change	
TITLE	DETE LE	4 1 TITLE		Ghange Addition	
NAME		4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS		4.3 STREET AUDRESS			
CITY-ST-ZIP TITLE	DELETE	5 1 TITLE		Change Addition	
NAME	L.J. *******	5.2 NAME			
STREET ADDRESS		5.3 SYREET ADDRESS			
CITY-SI-ZIF		5.4 CITY - ST - ZIP			
TITLE	DELETE.	€ 1 T:TLE		Change Addition	
NAME		6.2 NAM:			
STREET ADDRESS		63 STHEET ADDRESS			
CHTY - ST - ZIP		64 CITY - ST - ZIP			
				A AZZAZILA Electrica Cara anno 1 fordiones	

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes | 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 en powered 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Figure 1.