

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

i. Entity Name

Worldstage Productions, Inc.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 012 ***150.00

00052703

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 N. Orlando Ave. #313-212 Winter Park, FL 32789	501 N. Orlando Ave. #313-212 Winter Park, FL 32789

Principal Place of Business	3. Mailing Address
5931 Brick Court Suite, Apt. #, etc. Suite 160 City & State Winter Park, FL Zip 32792	5931 Brick Court Suite, Apt. #, etc. Suite 160 City & State Winter Park, FL Zip 32792

4. FEI Number	Applied For
59-3400523	Not Applicable

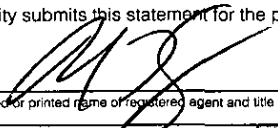
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

Richard Krampe
501 N. Orlando Ave.
#313-212
Winter Park, FL 32789

Name
Richard Krampe
Street Address (P.O. Box Number is Not Acceptable)
5931 Brick Court
Suite 160
City
Winter Park FL Zip Code
32792

E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Richard Krampe (NOTE: Registered Agent signature required when reinstating)4-28-00
DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP P T D Richard Krampe 501 N. Orlando Ave. #313-212 Winter Park, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P T D Richard Krampe 5931 Brick Court, Suite 160 Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)