

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90240 027 \*\*\*150.00

**DOCUMENT # P97000013067**

1. Entity Name  
**ON STAGE, INC.**



Principal Place of Business  
**71 N BUMPY AVENUE  
ORLANDO, FL 32803**

Mailing Address  
**71 N BUMPY AVENUE  
ORLANDO, FL 32803**

**60000440**



2. Principal Place of Business - No P.O. Box #  
**71 N Bumpy Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**71 N Bumpy Avenue**  
Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3422189**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CHAU, HA T  
10823 SCEPTER DR.  
ORLANDO, FL 32817**

## 7. Name and Address of New Registered Agent

Name  
**CHAU, HA T**  
Street Address (P.O. Box Number is Not Acceptable)  
**12132 DIEDRA CT**  
**ORLANDO, FL 32825**  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/3/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHAU, HA T  
10823 SCEPTER DR  
ORLANDO, FL 32817** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NGUYEN, TONY Q  
10823 SCEPTER  
ORLANDO, FL 32817** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-pres.  
CHAU, HA T  
12132 DIEDRA CT  
ORLANDO, FL 32825** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres  
NGUYEN, TONY Q.  
12132 DIEDRA CT  
ORLANDO, FL 32825** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

**1/3/07**

Date

**(407) 898-6633**

Daytime Phone #