DOCUMENT # P98000035295 ... CERTER STAGE CONCERTS NEVENTS THE STAFF OF STAFF 00 OCT 19 PM 2: 47 Principal Place of Business Mailing Address 5 TIDEWATER DRIVE DAMOND BEACH, FL 32174 SAME 3. Mailing Address 2. Principal Place of Business FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3578635 Applied For City & State City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CELESTE A. ROSAS Street Address (RO. Box Number is Not Acceptable) . NO CHANGES 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change MANUEL J. ROJAS ☐ Delete TITLE Pres/SEC DIRECTOR NAMÉ NAME 5 TIDE WATER DRIVE STREET ADDRESS STREET ADDRESS DRMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP □ Change □ Addition

UP / Takea. CELESTE A. ROSAS Change Addition
5 TIDEWATER DRIVE UP/TREA.
ORMOND BEACH, FL32174 DIRECTOR TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARNEY N. ROTAS, 5 TIDEWATER DRIVE ☐ Change ☐ Addition Delete TITLE NAME UP/DIR. NAME STREET ADDRESS STREET ADDRESS AMOND BEACH, FL 32174 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 500003446735---11/01/00--01043--022 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****150.00 ****150.00 Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED N

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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October 23, 2000

Mr. Sean Toner Senior Section Administrator Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Mr. Toner:

I would like to thank you in advance for your consideration to my problem. Over the last few months our neighborhood, and specifically myself, has been experiencing difficulties with our mail delivery. As a result of this problem, I never received the notice sent to me for the renewal of Center Stage Concerts 'n Events, Inc. I would like to appeal for your consideration to re-instate and waive the penalty fees. Should you need additional information, please call me at (904) 405-6555.

Sincerely,

Manny J. Rojas

Dec Deothy Stawing's had in a commenting this detter escalu micromotidos do apter specting with a morning estrom jourquice earlier Prismorning I explained my situation to him and she tolding to sund in my reinotationent oppication along with This letter requesting that the penalties be maired and my buisness strumpe the exiconstated of longinary sent My annial liveries in port in back in Cipil of this grant and have done to the past service yagra-risahia checki bar \$100 de regher lir recovered on " and subtice" of billing the bootlet stoud Enough at had benting my animals reportal double "disrigiand this patices Urhich I did - 50. I didne mony about it Lews Live merion had any processmous + helpast n'aprojour comprue - 1/20 continuel to beyony generally commemperationers to be to the painte conditioned because of had By contention business and I had renicamej proteom with the following of my amount Lationesomepores Town yearenday al received the idocument stating that

10117/00 Based on my past record of documents as requered, I am hoping as an additioned \$600 months cause a great hardship to me and I am only a company of one ? limited resources. Little I cannot substantiate my claim, I am tilling you the facts accuratly + Appender mill take all q these circumstances into consideration + bend balronable for my case Please let me konau who steps I will need to take next in this some as quickly as posselle and I must continue to work or I will lose my home a everything 1 transyou for your times consideration. Sincurely Jean E. Richardson