FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35665 STAGE ONE PRODUCTIONS, INC.

(1)

FILED Jan 22 1997 8:00am Secretary of State

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						, 9 49)) 205 1		
Principal Place of Business Mailing Address 1963 GENOVA DR 1963 GENOVA DR OVIEDO FL 32765-7222					2 sonse national tricks meete meten grinn meet meter mitte mitter meter fritter fritter mente entit			
US		US		3. Date Incorporated or Qualified				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>		plied For
21		├ ─┐ '	26		59-3124929		Not Applicable	
Suite Apt # etc.			Suite, Apt. #, etc.		# #0 7E 1 1 W			
22		·	27		5. Certificate of Status Desired	X	Fee Re	
City & Stak)	City & State			6. Election Campaign Financing		\$5.00	May Do
23		28			Trust Fund Contribution	Ð	Added to	
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes [700,002,
9. Name and Address of Current Registered Agent			1		10. Name and Address of New Registered Agent			
GUD	IS, JANICE M		I	81 Name				
4434 DUNWOODY PLACE			ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptal	hle)		
ORLANDO FL 32808				147,2	Genova DV	Jiej		
J	AIDO I E GEORG		Ī	83	Chorio Con Inc.			
1			ļ					
				84 Ewie	do	FL.	85 Zp C	765
11. Pursuant t	o the provisions of Sections 607	0502 and 607.1508, Florida Statu	tes, the ab	ove-named corp	poration submits this statement for the	purpose of	changing its	s registered
agent. I ar	n familiar with, and accept the o	bligations of Section 607.0505, FI	lorida Stati	ites.	poration submits this statement for the litina's board of directors. I hereby acce	prine app		regiatoreu
SIGNATURE	(Min Bud	W			- 11	10199	-	
	Signature ciped or protect there of regulation			Agent signature requi		DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P DELETE		1.1 TIT	LE			Change	Addition
NAME	GUDIS, JANICE M.		1.2 NA	ME				
STREET ADDRESS	1400		1.3 ST	HEET ADDRESS				
CHY-ST-ZIP			1.4 CIT	Y-ST-ZIP				
TITLE		DELETE 2.1		LE			☐ Change	Addition
NAME			2 2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS				
CrTY-ST-ZIP		2.4		TY-ST-ZIP				
THE		DELETE	31717	LE			Change	Addition
NAME			32 NA	ME				
STREET ADDRESS			3 3 STI	REET ADDRESS				
CITY - ST - ZIP				TY - ST - ZIP				
TITLE		DELETE	4 1 TiT				Change	Addition

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 13 or Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.4 CITY-ST-ZIP

64 CITY - ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE NAME

THILE NAM:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CHY-ST-ZP

STREET ADDRESS CITY - \$1 - 7P

DELETE

DELETE

Daytime Phone #

Change

Change

Addition

Addition