2006 NOT-FOR-PROFIT CORPORATION

Mar 20, 2006 8:00 am **Secretary of State** ANNUAL REPORT 03-20-2006 90020 032 ****61.25 **DOCUMENT # N00000004477** MOBILE AMUSEMENT INDUSTRY, INC. Principal Place of Business Mailing Address 1035 S. SEMORAN BLVD., SUITE 1045-A 1035 S. SEMORAN BLVD., SUITE 1045-A 50003719 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3662833 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, ROBERT W 1035 S. SEMORAN BLVD., SUITE 1045-A Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32792 City 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 1 OFFICERS AND DIRECTORS 11. TITLE Delete TELLE ☐ Change ■ Addition JOHNSON, ROBERT W OAB NAME : NAME 1035 S SEMORAN BLVD, SUITE 1045A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP TITLE Delete TITE F Addition Marc Janas 417 Red Spruce Ln. Rochester, NY 14616 **BLOMSNESS, JEFF** NAME NAME 15 WILLOW BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARRINGTON, IL 60016 TITLE Deteta TITLE X Addition Guy Leavist Hern Ave. ENRICO, JEANETTE NAME NAME 5430 ROVOLAND PARK RD. STREET ADDRESS STREET ADDRESS HOPKINS, MN 55343 aveen. AZ CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition Don Culpepper Blud. CLAIR, JEAN A NAME NAME 190 OCEAN KEY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE SWIRA, JACKIE NAME NAME 1426 LAKELAND DR. STREET ADDRESS STREET ADDRESS **JERMYN, PA 18433** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE noitibhA 🗖 NAME NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee epipop changed or on attachmental trop attachment.

changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

BISNATURE AND TYPED OR

this filing exces not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information frue and accurate and trial my signature shall have the same legal effect as if made under oath; that I am an officer or director world to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED