2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# 649454

Entity Name: SOUTHLAND AMUSEMENTS, INC.

Current Principal Place of Business:

1211 E 142ND AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1211 E 142ND AVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-1965381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAUNKO, IVENE F.
1211 E 142ND AVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

STAUNKO, WILLIAM T MR.
1623 WOODFIELD COURT
LUTZ, FL 335588485 US

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: WILLIAM T STAUNKO 10/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: STAUNKO, IVENE F.,
Address: 1211 E 142ND AVE
City-St-Zip: TAMPA, FL

Title: VP (X) Delete
Name: STAUNKO, DARLENE,
Address: 1211 142ND ST.
City-St-Zip: TAMPA, FL

Title: DVP (X) Delete
Name: STAUNKO, CHARLES E.,
Address: 4415 17TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: DVP ( ) Delete
Name: STAUNKO, WILLIAM T.,
Address: 4208 N. HOLLY ST.
City-St-Zip: TAMPA, FL

Title: DT ( ) Delete
Name: STAUNKO, JUDY ANN,
Address: 848 17TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: DVP (X) Delete
Name: STAUNKO-DEMME, KATHLENE M
Address: 11108 WINN ROAD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: STAUNKO, WILLIAM T.,
Address: 1623 WOODFIELD COURT
City-St-Zip: LUTZ, FL 335588485

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T STAUNKO VP 10/22/2004
Electronic Signature of Signing Officer or Director Date