2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711426

Entity Name: THE MARION PLAYERS, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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4337 E. SILVER SPRINGS BLVD. 4337 E. SILVER SPRINGS BLVD. OCALA, FL 344782132 US OCALA, FL 344705001 US

Current Mailing Address: New Mailing Address:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344782132 US
4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344705001 US

FEI Number: 23-7101051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREENE, JOHN MONTGOMERY 1342 SE 15 STREET OCALA, FL 34471 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:

Flacture is Company of Danistand Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KAPLAN, SHARON
 Name:
 KAPLAN, SHARON

Address: 650 SW 48TH STREET ROAD Address: 650 SW 48TH STREET ROAD

City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474

Title: PD () Delete Title: VP (X) Change () Addition Name: MAGUIRE, JAMES C Name: RILEY, DARRELL

 Address:
 3525 SE 29TH COURT
 Address:
 2134 NE 9TH AVENUE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34470

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 RIGBY, GARY
 Name:
 HAGIN, DENNIS

 Address:
 1416 SE 22ND AVENUE
 Address:
 550 NE 25TH AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34470

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 RZPECKI, FRANK

 Address:
 2201 SE 29TH STREET

 City-St-Zip:
 City-St-Zip:
 OCALA, FL 34471

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HAGIN TD 01/08/2004