2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# 711426

Entity Name: THE MARION PLAYERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEPPERT, PHILIP
Address: 5157 NE 60TH TERRACE
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VP ( ) Delete
Name: DUELL, WILLIAM
Address: 11011 SW 53RD CIRCLE
City-St-Zip: OCALA, FL 34476

Title: TD ( ) Delete
Name: CAVALIER, MARY JO
Address: 3350 SE 38TH STREET
City-St-Zip: OCALA, FL 34480

Title: SEC ( ) Delete
Name: MULLEN, FRED
Address: 10620 SW 27TH AVE, A-&
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBERSON, TIMOTHY
Address: 716 E SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: VP (X) Change ( ) Addition
Name: COPELAND, ANDREW
Address: 1419 SE FORT KING ST
City-St-Zip: OCALA, FL 34471

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

Title: SEC (X) Change ( ) Addition
Name: HAGAN, LESLIE
Address: 8205 NW HWY 225
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIM ROBERSON PD 03/20/2008

Electronic Signature of Signing Officer or Director — Date