2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003
Secretary of State

DOCUMENT# 711426

Entity Name: THE MARION PLAYERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344782132 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: VD ( ) Delete
Name: GROSSMAN, NATHAN
Address: 1808 SE 34TH LANE
City-St-Zip: OCALA, FL 34471

Title: PD ( ) Delete
Name: WILLIAMS, HERB
Address: 500 SW 48TH ST RD
City-St-Zip: OCALA, FL 34474

Title: TD ( ) Delete
Name: MAGUIRE, JAMES
Address: 3525 SE 29TH COURT
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: KAPLAN, SHARON
Address: 650 SW 48TH STREET ROAD
City-St-Zip: OCALA, FL 34474

Title: PD (X) Change ( ) Addition
Name: MAGUIRE, JAMES C
Address: 3525 SE 29TH COURT
City-St-Zip: OCALA, FL 34471

Title: TD (X) Change ( ) Addition
Name: RIGBY, GARY
Address: 1416 SE 22ND AVENUE
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: JAMES C MAGUIRE PD 02/19/2003

Electronic Signature of Signing Officer or Director — Date