

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32585**

1. Entity Name

ANCIENT CITY ENTERTAINMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:27



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3044 SHEPHERD OF THE HILLS EXPWY.. #307 BRANSON MO 65616 US	Mailing Address 3044 SHEPHERD OF THE HILLS EXPWY.. #307 BRANSON MO 65616 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3105995	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOONEY, STEPHEN R
200 S. ORANGE AVE.
SUN BANK CENTER, SUITE 3000
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	S85669 TOP OF THE LINE ENTERTAINMENT CORP 3044 SHEPHERD OF THE HILLS EXPRESSWAY, #307 BRANSON MO 65616
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>NYC</i>
CITY - ST - ZIP	<i>716</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	0000003178410--1
CITY - ST - ZIP	-03/21/00--01094--015 ***535.00 ***535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Peggy Stewart* **REQUIRED** *1/27/00* *417-330-4405*
Peggy Stewart Asst. Corp. Secretary Date Daytime Phone #

CR2E003 (9/99)