

2001 UNIFORM BUSINESS REPORT (UBR)

0020750 SP

DOCUMENT # A32585

1. Entity Name
ANCIENT CITY ENTERTAINMENT, LTD.

FILED

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**

01 FEB 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3105995		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LOONEY, STEPHEN R 200 S. ORANGE AVE. SUN BANK CENTER, SUITE 3000 ORLANDO FL 32801				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
--	---	---

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # S85669	NAME TOP OF THE LINE ENTERTAINMENT CORP	STREET ADDRESS	
STREET ADDRESS 3044 SHEPHERD OF THE HILLS EXPRESSWAY, #307	CITY-ST-ZIP BRANSON MO 65616	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	500003783685--0
STREET ADDRESS		CITY-ST-ZIP	-02/27/01--01135--002
CITY-ST-ZIP			*****535.00 *****535.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: **REQUIRED**
Peggy Stewart Asst. Corporate Secretary Date **1/30/01** Daytime Phone # **417-339-4405**

CR2E003 (11/00)