

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32585

1. Entity Name

ANCIENT CITY ENTERTAINMENT, LTD.

FILED

02 FEB 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State 4. FEI Number **59-3105995** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

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)
**800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	S85669 TOP OF THE LINE ENTERTAINMENT CORP 3044 SHEPHERD OF THE HILLS EXPRESSWAY, #307 BRANSON MO 65616	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME 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: *[Signature]* **REQUIRED** Date: **2/15/02** Daytime Phone #: **417-339-4405**

02/15/02 SP

CR2E003 (9/01)