

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000058

1. Entity Name

BRANSON ENTERTAINMENT CONCEPTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:34

Principal Place of Business: 3044 SHEPHERD OF THE HILLS EXPWY.. #307 BRANSON MO 65616
Mailing Address: 3044 SHEPHERD OF THE HILLS EXPWY.. #307 BRANSON MO 65616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3158149
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: LOONEY, STEPHEN R, 200 S. ORANGE AVE., SUITE 3000, ORLANDO FL 32801
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \$3,200,000.00
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 #	P93000001977	STREET ADDRESS	
NAME	BRANSON ENTERTAINMENT CONCEPTS, INC.	CITY - ST - ZIP	B/K
STREET ADDRESS	3044 SHEPHERD OF THE HILLS EXPRESSWAY, #307	STREET ADDRESS	
CITY - ST - ZIP	BRANSON MO 65616	CITY - ST - ZIP	83/6/00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	700003178377--5
CITY - ST - ZIP		CITY - ST - ZIP	-03/21/00--01094--013
DOCUMENT #		STREET ADDRESS	****535.00 ****535.00
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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: Peggy Stewart **REQUIRED** Date: 1/24/00 Daytime Phone #: 417-337-4405
Signature and typed or printed name of signing general partner: Peggy Stewart Asst. Corp. Secretary

CR2E001 (1/98)