

2002 UNIFORM BUSINESS REPORT (UBR)

001228 45

DOCUMENT # A93000000058

1. Entity Name

BRANSON ENTERTAINMENT CONCEPTS, LTD.

FILED

02 FEB 19 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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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

DUE BY MAY 1, 2002

4. FEI Number 59-3158149	Applied For Not Applicable
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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., SUITE 3000
ORLANDO FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable) 800 N. MAGNOLIA AVENUE
SUITE 1500
City ORLANDO FL Zip Code 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. \$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
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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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000001977 BRANSON ENTERTAINMENT CONCEPTS, INC. 3044 SHEPHERD OF THE HILLS EXPRESSWAY, #307 BRANSON MO 65616
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CITY - ST - ZIP	
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STREET ADDRESS	100005022001--0
CITY - ST - ZIP	-02/26/02-01078-009 *****535.00 *****535.00
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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: **NOT REQUIRED**

2/5/02

417-339-4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)