

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90332 006 ***150.00

DOCUMENT # F00000004101

1. Entity Name
TD ROWE AMUSEMENTS, INC.

Principal Place of Business
THREE RIVERWAY, STE. 1150
HOUSTON TX 77056

Mailing Address
THREE RIVERWAY, STE. 1150
HOUSTON TX 77056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0319810**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
 NAME: **PCD DAVIS, TERRY W**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **SD DAVIS, PAM**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **V HOUSTON, HENRY**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **V LEVINE, MARK**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **VD DAVIS, MATTHEW**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME: **T MARTINEZ, TINA**
 STREET ADDRESS: **THREE RIVERWAY, STE. 1150**
 CITY-ST-ZIP: **HOUSTON TX 77056**

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(713) 961-2922

CR2E034 (4/02)

Attachment F000000004101



July 17, 2001

Ms. Katherine Harris
Secretary of State
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: 2002 Uniform Business Report
TD Rowe Amusements, Inc. Taxpayer ID# 76-0319810

Dear Ms. Harris,

Enclosed is our 2002 Uniform Business Report with the original filing fee of \$150. I did not receive the prior notice and therefore did not pay the fee before May 1. This is only our second year to do business in your state and I did not realize this is an annual fee since several states I do business in have biannual reporting. Please waive the late fee for this return.

Sincerely,

Tina R. Martinez
Tina R. Martinez
Treasurer

Enclosure