

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000664

Entity Name: MEGAPLEX NINE, INC.

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

30 PERSHING ROAD, SUITE 201  
KANSAS CITY, MO 64108

## New Principal Place of Business:

## Current Mailing Address:

30 PERSHING ROAD, SUITE 201  
KANSAS CITY, MO 64108

## New Mailing Address:

FEI Number: 43-1912698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BRAIN, DAVID M  
Address: 4541 KENWOOD STREET  
City-St-Zip: KANSAS CITY, MO 64110

Title: VS ( ) Delete  
Name: SILVERS, GREGORY K  
Address: 1948 CARMEL  
City-St-Zip: LAWRENCE, KS 66049

Title: VT ( ) Delete  
Name: KENNON, FRED L  
Address: 13204 FONTANA  
City-St-Zip: LEAWOOD, KS 66209

Title: CD ( ) Delete  
Name: CARNEY, LEO  
Address: 2808 S. SIOUX AVENUE  
City-St-Zip: INDEPENDENCE, MO 64057

Title: D ( ) Delete  
Name: FURNELL, DAVID  
Address: 2825 WHITNEY DRIVE  
City-St-Zip: SEDALIA, MO 65301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY K. SILVERS

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01/06/2006

Electronic Signature of Signing Officer or Director

Date