FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **F93000004768 (8)**

1. Corporation Name

~~BLOCKBUSTER CHILDREN'S AMUSEMENT CORPORATION~~
DISCOVERY ZONE CHILDREN'S AMUSEMENT CORPORATION

Principal Place of Business	Mailing Address
200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 205 North Michigan Avenue	26 205 North Michigan Avenue
Suite, Apt. #, etc. 22 Suite 3400	Suite, Apt. #, etc. 27 Suite 3400
City & State 23 Chicago, Illinois	City & State 28 Chicago, Illinois
Zip 24 60601	Zip 29 60601
County 25 U.S.A.	County 30 U.S.A.

4. FEI Number: 65-0408845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D,P	☒ Change ☐ Addition
NAME	HUIZENGA, H W	12 NAME	Donald F. Flynn	
STREET ADDRESS	200 S. ANDREWS AVE.	13 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	Chicago, IL 60601	
TITLE	D	21 TITLE	V,S	☒ Change ☐ Addition
NAME	BERRARD, STEVEN R	22 NAME	Victor M. Casini	
STREET ADDRESS	200 S. ANDREWS AVE.	23 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	Chicago, IL 60601	
TITLE	V	31 TITLE	V,D	☒ Change ☐ Addition
NAME	FAIRBANKS, GREGORY K	32 NAME	Kevin F. Flynn	
STREET ADDRESS	200 S. ANDREWS AVE.	33 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDEDALE FL	34 CITY ST ZIP	Chicago, IL 60601	
TITLE	P	41 TITLE	V,D	☒ Change ☐ Addition
NAME	JOHNSON, GEORGE D. J	42 NAME	Robert D. Mitchum	
STREET ADDRESS	200 S. ANDREWS AVE.	43 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	Chicago, IL 60601	
TITLE	VS	51 TITLE	V	☒ Change ☐ Addition
NAME	HAWKINS, THOMAS W.	52 NAME	Brian J. Flynn	
STREET ADDRESS	200 S. ANDREWS AVE.	53 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP	Chicago, IL 60601	
TITLE	V	61 TITLE	T	☒ Change ☐ Addition
NAME	SILLS, HOWARD P.	62 NAME	Frank P. Erlain	
STREET ADDRESS	200 S. ANDREWS AVE.	63 STREET ADDRESS	205 North Michigan Avenue	
CITY ST ZIP	FT LAUDERDALE FL	64 CITY ST ZIP	Chicago, IL 60601	

4/5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/28/95 312-616-3800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

Victor M. Casini

0200442 CP