

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000002175

1. Entity Name

The Fun Company, Inc. of Georgia

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3658-D Atlanta Ind Dr

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Atlanta GA

Zip

30331

Country

USA

City & State

Zip

Country

4. FEI Number

58-1625823

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd

City *Plantation*

FL Zip Code *33324*

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

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)

**January 1: May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO / Director Gambrell, Edwin N. 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President / Director Curney, Thomas M. II 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary / Director Bowles, Eric 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer / Director Dove, Ronald J. 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Larson, Scott 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Strickland, Todd 3658-D Atlanta Ind. Dr. Atlanta GA 30331</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: *Donald J. Ronald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 404 505-8811

Date

Daytime Phone *

CR2E034B (12/01)