

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000003841 (2)**

1. Corporation Name
DISCOVERY ZONE, INC.

Principal Place of Business

**110 EAST BROWARD BLVD
PENTHOUSE B
FORT LAUDERDALE FL 33301
US**

Mailing Address

**110 EAST BROWARD BLVD
PENTHOUSE B
FORT LAUDERDALE FL 33301-3503
US**

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report
07/01/1996

4. FEI Number
36-3877601

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, DONNA R	
STREET ADDRESS	ONE CORP PLAZA, 110 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUETHING, JOHN L	
STREET ADDRESS	ONE EAST FOURTH STREET STE 1800	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ADAM	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	DETZ, ALBERT J	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	BARCLAY, DAVID A	
STREET ADDRESS	ONE CORP PLAZA, 110 EAST BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, JOHN	
STREET ADDRESS	ONE CORP PLAZA, 110 EAST BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1200 Highway 93 North
1.4 CITY-ST-ZIP	Eureka, MT 59917
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P/CEO
4.3 STREET ADDRESS	Bornstein, Scott
4.4 CITY-ST-ZIP	110 E. Broward Blvd, 23rd Floor
	FT. Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V/CFO
5.3 STREET ADDRESS	Rooney, Robert
5.4 CITY-ST-ZIP	110 E. Broward Blvd., 23rd Floor
	FT. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rothstein, Sharon
6.3 STREET ADDRESS	110 E. Broward Blvd., 23rd Floor
6.4 CITY-ST-ZIP	FT. Lauderdale, FL 33301

14. I do 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 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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)