

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90006 001 \*\*\*150.00

DOCUMENT # F98000003319

1. Corporation Name

THE TUSSAUDS GROUP FLORIDA INC.



Principal Place of Business

Mailing Address

~~30 ROCKEFELLER PLAZA, 50TH FLOOR  
NEW YORK NY 10112~~

~~30 ROCKEFELLER PLAZA, 50TH FLOOR  
NEW YORK NY 10112~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

2. Principal Place of Business

2a. Mailing Address

21 Maple House

26 180 N. LaSalle Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 149 Tottenham Road

27 1922

City & State

City & State

23 London

28 Chicago, IL

Zip Country

Zip Country

24 WLPDX

25 UK

29 60601

30

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE  
NAME JOLLY, MICHAEL  
STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10112

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition  
1.2 NAME Arie M. Flemenbaum  
1.3 STREET ADDRESS 180 N. LaSalle Street  
1.4 CITY-ST-ZIP Chicago, IL 60601

TITLE VCS ☒ DELETE  
NAME DAVIS, JOHN  
STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10112

2.1 TITLE PC ☒ Change ☐ Addition  
2.2 NAME Michael Jolly  
2.3 STREET ADDRESS Maple House  
2.4 CITY-ST-ZIP 149 Tottenham Road  
London, UK WLP ODX

TITLE DV ☒ DELETE  
NAME KELLER, RANDALL  
STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10112

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME TANSLEY, ANDREW  
STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10112

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Andrew Tansley  
4.3 STREET ADDRESS Maple House  
4.4 CITY-ST-ZIP 149 Tottenham Road  
London, UK WLP ODX

TITLE T ☐ DELETE  
NAME ROGERS, ROBERT  
STREET ADDRESS 30 ROCKEFELLER PLAZA, 50TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10112

5.1 TITLE TS ☒ Change ☐ Addition  
5.2 NAME Robert Rogers  
5.3 STREET ADDRESS Maple House  
5.4 CITY-ST-ZIP 149 Tottenham Road  
London, UK WLP ODX

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Arie M. Flemenbaum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99  
Date

312-236-9121  
Daytime Phone #

CR2E034 (1/98)