
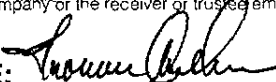


FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005851		Apr 29, 2005 08:00 A	
1. Entity Name THREE HANDS, LLC		Secretary of State	
Principal Place of Business 1201 HAYS STREET TALLAHASSEE, FL 32301		Mailing Address 1201 HAYS STREET TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE		 01282005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 59-3718302	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLLINS CONCESSIONS, INC. 1472 EXCHANGE STREET ALDEN, NY 14004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM 738056 ONTARIO, INC. C/O 1472 EXCHANGE STREET ALDEN, NY 14004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM A.D'GIACOMO & ASSOC. C/O 1472 EXCHANGE STREET ALDEN, NY 14004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		04/29/05 (905) 357-0387	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	