2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM **Secretary of State** DOCUMENT # L22224 1. Entity Name UNIVERSAL ENTERTAINMENT & SKATING CENTER, INC. Mailing Address Principal Place of Business 866 SOUTH GOLDENROD ROAD 866 SOUTH GOLDENROD ROAD ORLANDO, FL 32822 US ORLANDO, FL 32822 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2974408 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWIER, PAMELA DO NOT WRITE 866 SOUTH GOLDENROD ROAD ORLANDO, FL 32822____ 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS DV TITLE REEVES, TOM NAME 1530 CASA RIO DRIVE STREET ADDRESS ORLANDO, FL CITY-ST-ZIP ____U00000345013 04/30/05-80018-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not gualify for the exemption stafed 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 of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHAFURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (407) 282 -9300 Date Daytime Prone #

FILED