

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2000 08:00 AM
Secretary of State

DOCUMENT # L41325

1. Entity Name
MARBLE ARCADE, INC.

Principal Place of Business 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL	Mailing Address 400 E. SOUTH ST. SUITE 500 ORLANDO 32801	FL
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2. Principal Place of Business 450 S. ORANGE AVENUE	3. Mailing Address 450 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-3042662	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 32801	Country	Zip 32801	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURNE, ROBERT A.
400 E SOUTH ST
SUITE 500
ORLANDO
32801 US

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE
City ORLANDO FL Zip Code 32801

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 **ROBERT A. BOURNE**

01/24/2000

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input type="checkbox"/> Delete
NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 E SOUTH ST #500
CITY-ST-ZIP	ORLANDO FL

TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE ROBERT A
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801

TITLE	DCCE <input type="checkbox"/> Delete
NAME	SENEFF JAMES MJR
STREET ADDRESS	400 E SOUTH ST #500
CITY-ST-ZIP	ORLANDO FL

TITLE	DCCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF JAMES MJR
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801

TITLE	S <input type="checkbox"/> Delete
NAME	ROSE LYNN E
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP	ORLANDO FL

TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE LYNN E
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN E ROSE

01/24/2000