May 01, 2003 8:00 am Secretary of State

05-01-2003 90207 007 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

L43165 **DOCUMENT #**

LAND OF LAKES AMUSEMENTS. INC.

Principal Flace of Business 8017 LND O LMRS R UN 1 AMAIN A Address 9017 LND O LMRS R UN 2 11 SO DAK BARRY 1 AMAP R 13809 US 2 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country 2 D Country 3 Melling Address City & State City & Sta							7				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country S, Centificate of Status Designed \$8.75 Additional Fee Required Streat Address of New Registered Agent Name JONES, STEPHEN W COWALKER CPA PA 211 SOUTH DALE MABRY HWY TAMPA FL 33809 City STEPLE Now It is statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST ITILE DPST DEVITE REPARCES CITY 51-2P TITLE DEVITE REPARCES CITY 51-2P TITLE DEVICE REPARCES CITY 51-2P TITLE NAME SIRETADRESS	6017 LAND O LAKES BLVD LAND O LAKES FL 34639		211 SO. DALE MABRY TAMPA FL 33609								
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SP-2983772 Not Applicable	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\exists	CHECK HERE IF MAKING CHANGES			
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & Stat	e	City & State				4	59-2983772	-	 _	7
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip		Cour	itry	5	. Certificate of Status Desired]
JONES, STEPHEN W C/O WALKER CPA PA 211 SOUTH DALE MABRY HWY TAMPA FL 33809 City FL Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST SIRET ADDRESS CITY-ST-Zip DEWITT, ELIJAH 6017 LAND O LAKES BLVD LAND O LAKES BL		6. Name and Address of Current	Register	ed Agent			7	. Name and Address of New Registered	Agent		1
C/O WALKER CPA PA 211 SOUTH DALE MABRY HWY TAMPA FL 33609 City FL Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 IT.LE DPST SIGNATURE SEDLMAYR, ANN M SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SEDLMAYR, ANN M SIGNATURE SIGNATURE SIGNATURE SEDLMAYR, ANN M SIGNATURE SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SIGNATURE SEDLMAYR, ANN M SEDLMAYR, ANN M SEDLMAYR, ANN M SIGNATURE SIGNATURE SEDLMAYR SEDLMAYR SIGNATURE SEDLMAYR SEDLMAYR SIGNATURE SEDLMAYR SEDLMAYR SIGNATURE SEDLMAYR SIGNATURE SEDLMAYR SEDL						Name					1
211 SOUTH DALE MABRY HWY TAMPA FL 33609 City City FL Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and this if applicable. (NOTE Registered Agent signature required when reinfasting) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST SEDIMAYR, ANN M 6017 LAND 0 LAKES BLVD SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition RAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition Additi	· ·				Street Address	eet Address (P.O. Box Number is Not Acceptable)					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, by both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida Delete Tule. Signature, typed or printed current of registered agent, or both in the signature required when reinstating) State of North Registered agent, or both in the signature required when reinstating) State of North Registered agent, or both in the signature required when reinstating) State of North Registered agent, or both in the state of Florida Delete Tule. State of North Regi						ļ					
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

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