

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000002068

Entity Name: FLORIDA AMUSEMENTS, LLC

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

3644 SILVER STAR RD.
ORLANDO, FL 32808

New Principal Place of Business:

3644 SILVER STAR RD.
ORLANDO, FL 32808 US

Current Mailing Address:

3644 SILVER STAR RD.
ORLANDO, FL 32808

New Mailing Address:

3644 SILVER STAR RD.
ORLANDO, FL 32808 US

FEI Number: 52-2158627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CWIERTNIA, JEROME W
3644 SILVER STAR RD.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: JEROME CWIERTNIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CWIERTNIA, JEROME W
Address: 3644 SILVER STAR RD.
City-St-Zip: ORLANDO, FL 32808

Title: CEOP () Delete
Name: CIUIERTIVIA, DOUGLAS
Address: 3644 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CIUIERTIVIA, DOUGLAS
Address: 3644 SILVER STAR RD
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEROME CWIERTNIA

MGRM

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date