2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State DOCUMENT # N9900002940 1. Entity Name CELEBRATION PLAYERS, INC. 05-20-2002 90075 018 ****61.25 Principal Place of Business Mailing Address P O BOX 470303 P O BOX 470303 **CELEBRATION FL 34747 CELEBRATION FL 34747** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3574910 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent: 6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) EATON, DAVID 1001 PERIWINKLE COURT CELEBRATION FL 34747 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) Addition ☐ Delete TITLE Change amerena, felicia BOWERS, JIM NAME NAME 280 Celebration Blind Apt. 27111 15956 GREEN COVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP elebration, FL 34747 Delete Addition TITLE TITLE Change BOWERS, BARBARA 202 North Village St. Botwinik, nikki NAME NAME 5027 HOOK HOLLOW CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO_FL-32837_ CITY. ST-ZIP CITY-ST-ZIP-<u>=Celebrahion=FL-34747</u>= Delete TITLE ehange Addition TITLE AMERENA, BOB MCCALMON, KAREN NAME NAME 15956 Green Cove Blvd. STREET ADDRESS 3012 PARKWAY BLVD #101 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34747 CITY-ST-ZIP Clermont, FL 34711 1 Phange Indition Mark TITLE Delete TITLE EATON, DAVID OLSON, STEVE NAME NAME 414 Campus St. 1001 PERIWINKLE CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CELEBRATION FL 34747 <u>celebration</u> FL 3474] CITY-ST-ZIP Delete Addition TITLE Change SALVO, DON THORNE, VICKI NAME 606 MARKET ST., # 260 501 CAMPUS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELEBRATION FL 34747 CITY-ST-ZIP CELEBRATION, FL 34747 Delete TITLE Change . Addition TURNER, LORRAINE RAMAGOS, SHAWN NAME 618 CORNWALLIS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT FL 33837 <u>Celebration</u>, Fl

12. 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 617, 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: