2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # P00000002937** SPRINGZ ENTERTAINMENT CENTERS, INC. Mailing Address Principal Place of Business 3200 E SILVER SPRINGS BLVD 3200 E SILVER SPRINGS BLVD OCALA, FL 34470 OCALA, FL 34470 No Chg-P CR2E034 (10/03) 03242004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent VANDER MEY, JAMES E DO NOT WRITE 3200 E SILVER SPRINGS BLVD. OCALA, FL 34470 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when resistating) Signature, typed or printed name of registered agent and trie if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000123159 Trust Fund Contribution. Added to Fees 04/21/04-80060-001 150.00 OFFICERS AND DIRECTORS 18. PSTD TITLE VANDER MEY, JAMES E NAME STREET ADDRESS 5101 SE 11TH AVE. CRY-ST-ZP OCALA, FL 34480 BILE NAME STREET ADDRESS CITY-ST-ZIP злл NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS C8TY-S7-ZIP BBLE NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CTY-ST-ZIP

FILED