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

## FILED May 15, 2002 8:00 am Secretary of State

1. Entity Nam	MENT # POICO Midway Entertainment	00280 t Corp.	21	05-15-2002 90087	017 ***158.75
	DO NOT WRITE		SPACE	•	
	Place of Business  LIF Shore Blvd.	3. Mailing Address 4351 Gulf Sho	ore Blvd.		
Suite, Apt. #, etc.  12 North  Suite, Apt. #, etc.  12 North				DO NOT WRITE IN THIS SPACE	
City & State Naples, Florida		Naples, Florida		4. FEI Number Applied For	
Zip	Country	Zip		59-3710679	Not Applicable
34103	USA	34103	USA Country	Procedure of Status Desired	8.75 Additional ee Required
			Name	7. Name and Address of Current Registered Agent	
T <sub>a</sub>	DO NOT WRITE			C T Corporation  Street Address (P.O. Box Number is Not Acceptable)	
•	IN THIS SP		Sueer Address	(P.O. Box Number is Not Acceptable)	
		ACE	1200 s	outh Pine Island Road	
			City		Zip Code
8. The above	named entity submits this statement for	the purpose of changing	its registered office or registe	red agent, or both, in the State of Florida.	33324
*****	Skynature, typest or paleased cause of registered agent a		DTC. Regissered Agont signature requirer	f whos releasating) DATE	-
Tax filing requirement and elects to do so. (See criteria on back)  After May 1 Amended Make Check Payabi			May 1 Fee is \$150.00 by 1, Fee is \$550.00 led UBR is \$61.25 able to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND I	DIRECTORS			
NAME	P/ቆ/T/D Willard Miller		TITLE #		CR2E034B (12/01)
STREET ADDRESS	4351 Gulf Shor	o Pland	STREET ADDRESS		
DITA: 21-516	12 North	e brvu.,	CITY-ST-ZIP §		
NAME	Naples, Florid	a 34103	NAME .		K2E
STREET ADDRESS	-		STREET ADDRESS		
CITY-ST-ZIP		··-	CITY-SY-ZIP		
NAME .	S		TITLE 1		
STREET ADDRESS	Susan L. Mille:		STREET ADDRESS	DO NOT MOIT	
CITY-ST-ZIP	2058 Snook Road		CITY ST-ZIP	DO NOT WRIT	
TITLE NAME	Mables, Liotia	a 34103	TITLE	IN THIS SPAC	E
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY - ST - ZIP		
THE			me \$		
NAME STREET ADDRESS			NAME #	And the second s	
CHY-ST-ZIP			CITY-ST-23P		
TITLE			rme §		
NAME. STREET ADDRESS			NAME STREET ADDRESS		A Company of the Comp
CITY-ST-ZIP			CITY-ST-ZIP		
13. Thereby ce indicated of the corp	ertify that the information supplied with the inthis report or supplemental report is to cration or the receiver or trustee emporation and processes with all or the supplemental reports the supple	nis filing does not qualify for rue and accurate and that wered to execute this lep-	or the exemption stated in Sec my signature shall have the s ort as required by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further certily ame legal effect as if made under oath; that I am 17, Florida Statutes; and that my name appears in	that the information an officer or director Block 11 or on an

Harchmand # 70100002802 1010038 THE LAW OFFICES OF SKLAR & PAUL, P.C. ANDREW SKLAR 2201 ROUTE 38 EAST - SUITE 100 EDWARD L. PAUL CHERRY HILL, NEW JERSEY 08002 PHONE: 856.482.7900 FAX: 856,482,8060 MEMBERS OF NJ AND PA BARS E-MAIL: SKLARLAW@MSN.COM April 30, 2002 Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 Re: Miller Amusement Acquisition Corp. FEI Number 59-3710678 Miller Midway Entertainment Corp. FEI Number 59-3710679 Dear Sir/Madam: Enclosed please find the For Profit Corporation, Uniform Business Report (UBR) forms, fully completed with regard to the above referenced matters, for filing, along with two checks each in the amount of \$158.75, payable to the Department of State. Please contact us if there are any deficiencies. Also, enclosed please find two stamped, self-addressed envelopes for the return of the status reports. Thank you for your courtesy and consideration. Very truly yours, EDWARD L' PAUL ELP:a **Enclosures**