

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

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

05-15-2002 90087 018 ***158.75

DOCUMENT # P01000028023
1. Entity Name
Miller Amusement Acquisition Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4351 Gulf Shore Blvd. Suite, Apt. #, etc. 12 North City & State Naples, Florida		3. Mailing Address 4351 Gulf Shore Blvd. Suite, Apt. #, etc. 12 North City & State Naples, Florida	
Zip 34103	Country USA	Zip 34103	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3710678	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name C T Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
City City of Plantation	FL	Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D Willard Miller 4351 Gulf Shore Blvd., 12 North Naples, Florida 34103	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Willard Miller 4/30/02 239-430-4381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #