

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>P01000028023</u>			
1. Entity Name MILLER AMUSEMENT ACQUISITION CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>4351 GULF SHORE BLVD. N. 12 NORTH</u>		Suite, Apt. #, etc. <u>4351 GULF SHORE BLVD. N. 12 NORTH</u>	
City & State <u>NAPLES FL</u>		City & State <u>NAPLES FL</u>	
Zip <u>34103</u>	Country	Zip	Country
		4. FEI Number <u>59-3710678</u>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name <u>SUSAN MILLER</u>	
		Street Address (P.O. Box Number Is Not Acceptable) <u>2058 SNOOK DR</u>	
		City <u>NAPLES</u>	FL Zip Code <u>34102</u>
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: <u>Susan Miller</u>		DATE: <u>4/15/03</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D MILLER, WILLARD 4351 GULF SHORE BLVD N, 12 NORTH NAPLES, FL 34103</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES SUSAN MILLER 2058 SNOOK DR NAPLES, FL 34102</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 607, Florida Statutes; and that my name appears in Block 10 or an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Susan Miller</u>		DATE: <u>4/15/02</u> DAYTIME PHONE #: <u>239-821-2330</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (1/2002)