2003 FOR PROFIT CORPORATION

SIGNATURE!

ONIFORM DOSINESS REPORT (ODA)				n FILED			
DOCUMENT # P02000104439 1. Entity Name ATLANTIS PLAYHOUSE, INC.				,			
				03 OCT 13 PH 3:			
			TE TELE	SECRETARY OF STA	ATE		
Principal Place of Business Malling Address 5893 S. CONGRESS AVE. 5893 S. CONGRESS AVE.		i.		SECRETARY OF STATILATION OF STATILAT	RIDA		
ATLANTIS FL 3,3462	atlantis _. FL 33462						
2. Principal Place of Business	3. Mailing Address			I IUO IUO III III OO III III BAAAA ARAA AAAA		i 1111 10 1011 10 11 1	
s'ame as abone	same	as abo	U-Q			1 17	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	G CHANGES	U Same	
City & State	City & State			4. FEI Number 184023		oplied For ot Applicable	
Zip Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Agent		
Name Wa				ldman Gacu	. S		
WALDMAN, GGARY S - Street Address (). Box Number is Not Acceptable)	-/)		
5893 S. CONGRESS AVE.	•	كــــــا	<i>-29</i> 3	5 S. Congress	who		
ATLANTIS FL 33462				~			
		City 1	111	14.'C FI	Zip Code	e /// 1	
6. The above and easily as beginning the state of the sta	and the second s	<u> </u>	-t/cx	<u> </u>	<u> </u>	3460	
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its	s registered office of	r registerea	agent, or both, in the State of Florida. I am	i tamiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature-lequired when reinstating) DATE DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing		O May Be	
Make Check Payable to Florida Department of	f State						
10. OFFICERS AND		11.	1	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	☐ Delete	TITLE		ison Troutman	Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS	EX	Pine Willa Dr.			
CITY-ST-ZIP		CITY-ST-ZIP	1993	Pine Willa Dr.			
		 -	# T/C	CATIS FC 35962	C] Change	[Saddition	
TITLE NAME	☐ Delete	NAME	Г	Stic Di Cector	Change	Addition	
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CITY-ST-ZIP		CITY-ST-ZIP	2+74	nlis FC 338GL	_		
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				10/13/0301020016	**191.2		
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CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	□ Delete	TITLE	 		Change	Addition	
NAME	₩ Delete	NAME			Ondingo	hand - 100 mail	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP	<u>L</u>				
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp 	n this filing does not qualify fo s true and accurate and that r owered to execute this report	r the exemption star my signature shall h as required by Cha	ted in Section lave the sand apter 607, F	on 119.07(3)(i), Florida Statutes. I further ce ne legal effect as if made under oath; that I lorida Statutes; and that my name appears	rtify that the in am an officer in Block 10 or	nformation or director Block 11 if	