2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 8:00 am DOCUMENT # P03000018379 **Secretary of State** 1. Entity Name 03-21-2005 90109 021 ***158.75 GOLDEN CROWN CONCESSIONS, INC. Principal Place of Business Mailing Address 4837 BACK ACRE LANE ORLANDO FL 32806 4837 BACK ACRE LANE ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 56-2399457 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTY 5, MARBLE MARBLE, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4837 BACK ACRE LA 4837 BACK ACRE LANE ORLANDO FL 32806 Zip Code 32806 ORLANDO 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. the obligations of registered agen Seffrey MARBLE MARCH IST ZOOS (NOTE Registered Agent signati FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Delete TITLE LETAL HA THARBEE Addition CHRISTYSMARBLE MARBLE, JEFFREY NAME 837 BACK ACRE LANE STREET ADDRESS 4837 BACK ACRE LANE STREET ADDRESS FLORIDA 32806 CITY-ST-7IP ORLANDO FL 32806 CITY-ST-ZIP LANDO Delete TITLE TITLE LEIALOHA MARBLE MARBLE, CHRISTY NAME 4837 BACKACRE CANE NAME STREET ADDRESS 4837 BACK ACRE LANE STREET ADDRESS ORLANDO FLORIDA 32806 CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-7IP TITLE Delete Change ☐ Addition NAME IVAIVIE STREET ADDRESS STREET ADDRESS 806 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jeffrey MARBLE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED