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95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29292** (0)

1. Corporation Name

EDISON BROTHERS MALL ENTERTAINMENT, INC.

Principal Place of Business 501 N. BROADWAY ST. LOUIS MO 63102 US	Mailing Address P.O. BOX 14445 N/A ST. LOUIS MO 63178-4445 US
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(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 05/11/1990	3a. Date of Last Report 04/27/1994
4. FEI Number 43-1548947	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the provisions of Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 State
82 Street Address, P.O. Box Number or Not Applicable	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. The change was authorized by this corporation's board of directors. I hereby accept this appointment as registered agent. I am, therefore, withdrawing the delegation of authority to the former registered agent.

SIGNATURE

12. Current Registered Agent		13. Additional Officers and Directors	
NAME	PD NEWMAN, ANDREW E. 501 N. BROADWAY ST. LOUIS MO	NAME	PRESIDENT ANDREW HALLIDAY 501 N. BROADWAY ST. LOUIS MO DIRECTOR
NAME	VD SNEIDER, MARTIN K. 501 N. BROADWAY ST. LOUIS MO	NAME	
NAME	V EDISON, PETER A. 501 N. BROADWAY ST. LOUIS MO	NAME	
NAME	VS SACHS, ALAN A. 501 N. BROADWAY ST. LOUIS MO	NAME	
NAME	VTD WEEKS, LEE G. 501 N. BROADWAY ST. LOUIS MO	NAME	DAVID CLOPER
NAME	V MCCAIN, THOMAS 501 N BROADWAY ST LOUIS MO	NAME	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

Thomas McCain
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
THOMAS MCCAIN

4/21/95 JIN 331 7528