## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P39682 1. Corporation Name

Principal Place of Business	Mailin
5805 WINDWARD PARKWAY SUITE 220	717 N
AI PHARETTA GA. 30202-4182	DÁLLA

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 048 \*\*\*300.00

MALIBU	ENTERTAINMENT WORLDW	DE, INC.						
Principal Place of Business Mailing Address				( 1881) 521 152 1176 1876 876 (21)				
5895 WINDWARD PARKWAY. SUITE 220 ALPHARETTA GA 30202-4182 US 717 N HARWOOD #1650 DALLAS TX 75201 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
2 - 1 1 - 2		1 20 44-10- Address				07/17/1992 4. FEI Number	T An	plied For
	2. Principal Place of Business 2a. Mailing Address				<del></del>	t Applicable		
Suito Apt	Suite, Apt. #, etc.		<u>58-1949379</u>	\$8.75 A				
<u> </u>	= ·····/·····			5. Certifcate of Status Desired	Fee Re			
City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip Country			8. This corporation owes the current year		_	
24	25	29 30	D			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Register	red Agent	
			81	Name				1
	CORPORATION SYSTEM	•	82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	) south pine Island RD. Ntation FL 33324	•	83	<u> </u>			<del></del>	
A PLAN	MIATION FL 33324		03	<u>`</u>				
84 0		City			<b>85</b> Zip C	Code		
10 11 007 000 Florida Chadas the character and company			ation submits this statement for the gumoss	e of changing its	registered			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
πιε	CEO DELETE 1.1 TR.		1.1 TITLE			o-President	hange	Addition
NAME	William III, The Collins		1.2 NAME		RIC	th Beckert 17. Harwood- St		ł
STREET ADDRESS	STREET SOURCE SOURCE THE THE TELES		1.3 STREE	TADDRESS			<b>~</b>	{ !
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	Porter	1.4 CITY-1	ST-ZIP	CF	allas TX 75201	☐ Change	Addition
TITLE	SVP	☐ DELETE	2.1 TITLE				□ Change	MA COURT
NAME	MENDERSON, DESCRIPTION		2.2 NAME	T 100000	1 -	off Wheeler 7 n. Harwood- <sup>9</sup>	to. 1650	.
STREET ADDRESS	COO WINDWAND I WINNING EED			T ADDRESS	177	The Total		Ş
CITY-ST-ZIP	748 10 11/2 177 02 00202 1702		2.4 CITY- 3.1 TITLE	ST-ZIP	بح	21105 X P201	Thange	Addition -
TITLE	VPT TDAME AND S	C) DELETE	3.1 TITLE 3.2 NAME		20	cretary	_ ·	
NAME	THATO, AITH		1	T ADDRESS	011	7 n. Harwood - st	e 1650	
STREET ADDRESS	SOURCE SOURCE LEG		3.4. CITY-		1%	1106 TV . 19	20/	
CITY-ST-ZIP	CFO CFO	DELETE	4.1 TITLE	31-22	1	enas IX -	☐ Change	☐ Addition
NAME	FITZPATRICK, RICHARD		4, 2 NAME					(
STREET ADDRESS	5895 WINDWARD PKWY, STE 2	90		T ADDRESS				
CITY-ST-ZIP	ALPHARETTA GA 30202		4.4 CITY-					
TITLE	AUDITARILITA GA 30202	DELETE	5.1 TITLE		, -		- Change	☐ Addition
NAME	GRISSOM, KENNETH R		5.2 NAME					
STREET ADDRESS	5895 WINDWARD PARKWAY, SI	JITE 220	5.3 STREE	T ADDRESS	·			
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	<del></del>	5.4 CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					1
STDEET ADODESS			6.3 STREE	T ADORESS	:			

CITY-ST-ZIP 14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

URE REBOUTE Wheeler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214-210-8741

CR2E034 (11/98)