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CLONETHER OF STATE TALLAHASSEE, FLORIDA

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 # P9200005715

FAMILY ENTERTAINMENT CENTERS, INC.

Principal Place of Business	Mailing Address	 .		1881/84 118 121/8 118/1 80/1 80/1 80/1 80/1 8	
1201 ELM STREET DALLAS TX 75270	1515 BROADWAY	C/O PHILIPPE P. DAUMAN		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1992	
2. Principal Place of Business	2a, Mailing Addres			4. FEI Number	Applied For
21	[26] C/O MIC		ICKLAS	65-0386839	Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Count 25	γ Ζιρ 29	Country 30		This corporation owes the current year Personal Property Tax.	Intangible []Yes []No
9. Name and Addr	ess of Current Registered Agent			10. Name and Address of New Registers	ed Agent
THE PRENTICE-HALL CO 1201 HAYS STREET SUITE 105	DRPORATION SYSTEM, INC.	81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		84	City		L 85 Zip Code
				oration submits this statement for the purpose o's board of directors. Thereby accept the app	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

<u></u>	Signature, typed or printed name of registere Layer Lan		Registered Agent signature re	and the second s
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE] D	[] DELETE	1 1 TULE	[Change [Addition
NAME	SMITH, GEORGE S JR		12 NAME	
\$TREET ADDRESS	1515 BROADWAY		13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036		14 CP Y-ST-ZP	-02/09/99: -01041- 013
TITLE	PD	[DECETE	21 TITLE	****150.00
NAME	ANTIOCO, JOHN F		2 2 NAME	
STREET ADDRESS	1201 ELM STREET		23 STREET ADORESS	
CITY-ST-ZIP	DALLAS TX 75270		2 4 CiTY-ST-ZIP	,
TITLE	EVSD	[DELETE	31 TITLE	[] Change
NAME	Dauman, Philippe P		3.2 NAME	
STREET ADDRESS	1515 BROADWAY		33 STREET ADDRESS	
CITY-ST-2₩	NEW YORK NY 10036		34 CITY-S1-ZIP	
TITLE	VCFO	□] DELETE	41 TITLE	[] Change
NAME	LYALL, LYNN J		4.2 NAME	
STREET ADDRESS	1201 ELM STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75270		4.4 CITY+ST-ZIP	$\leq (r)$
TITLE	AS	[] DELETE	51701.6	[] Charge / [] Add to
NAME	STACK, ILENE W		5.2 NAME	
STREET ADDRESS	1515 BROADWAY		50 STREET ADORESS	
City-st-zip	NEW YORK NY 10036		5.4 GITY-ST-ZIP	
TITLE		[] DELETE	6 1 Till E	AS [Change MAddition
NAME			6 2 NAME	LIOTTA, MICHAEL A
STREET ADDRESS			6.3 STREET ADDRESS	1515 BROADWAY
	1		64.007.57.20	NEW YORK NY 10036

14. Thereby 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 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 attactment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR BANTED DAME OF SIGNALS OF FICER OR DIRECTOR

1/29/99

212-846-5955