

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000005722 (3)

1. Corporation Name

ENTERTAINMENT CONCEPTS, INC.

Principal Place of Business

601 S. LAKE DESTINY ROAD  
SUITE 200  
MAITLAND FL 32751

Mailing Address

3326 WEST HWY. 76  
BRANSON MO 65616



2. Principal Place of Business

2a. Mailing Address

21 3044 Shepherd of Hills Expy.

26 3044 Shepherd of Hills Expy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 307

27 Suite 307

City & State

City & State

23 Branson, MO

28 Branson, MO

Zip

Zip

Country

Country

24 65616

25 USA

29 65616

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/16/1992

3a. Date of Last Report  
04/12/1995

4. FEI Number

59-3153026

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

LOONEY, STEPHEN R  
601 S. LAKE DESTINY ROAD  
SUITE 200  
MAITLAND FL 32751

81 Name

Stephen R. Looney, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Avenue

83

Sun Bank Center, Suite 3000

84 City

Orlando

FL

85 Zip Code

32801

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

Stephen R. Looney

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/8/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
JOHNSON, KAREL G  
39 AVISTA CIR  
ST AUGUSTINE FL 32084

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V  
ACHTERBERG, CHARLES R  
3326 W. HWY 76  
BRANSON MO

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
SMITH, JEREMY  
467 UNION ST  
SALEM ONTARIO CANADA N0B1S0

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
GRAY, DAVID  
1700 OCEAN DR  
VERO BEACH FL 32963

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
SMITH, JEREMY  
467 UNION ST  
SALEM ONTARIO CANADA N0B1S0

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D  
SMITH, JEREMY  
467 UNION ST  
SALEM ONTARIO CANADA N0B1S0

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 417 339 4405

Date

Daytime Phone: #

CR2E034 (12/95)