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FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000005722 (3)

1. Corporation Name
ENTERTAINMENT CONCEPTS, INC.



Principal Place of Business
3044 SHEPARD OF THE HILLS EXPWY
SUITE 307
BRANSON MO 65616
US

Mailing Address
3044 SHEPARD OF THE HILLS EXPWY
SUITE 307
BRANSON MO 65616
US

2. Principal Place of Business
21 3044 Shepard of the Hills Expwy.
Suite, Apt. #, etc.
22 Suite 307
City & State
23 Branson, MO
Zip
24 65616
Country
25 US

2a. Mailing Address
26 3044 Shepard of the Hills Expwy.
Suite, Apt. #, etc.
27 Suite 307
City & State
28 Branson, MO
Zip
29 65616
Country
30 US

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
03/14/1996

4. FEI Number
59-3153026

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LOONEY, STEPHEN R
200 SOUTH ORANGE AVENUE
SUN BANK CENTER SUITE 3000
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	JOHNSON, KAREL G	1.2 NAME	
STREET ADDRESS	39 AVISTA CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	ACHTERBERG, CHARLES R	2.2 NAME	V
STREET ADDRESS	3044 SHEPARD OF THE HILLS EXPWT #307	2.3 STREET ADDRESS	Achterberg, Charles R.
CITY-ST-ZIP	BRANSON MO	2.4 CITY-ST-ZIP	3044 Shepherd of the Hills Expwy., #307
TITLE	DS	3.1 TITLE	
NAME	SMITH, JEREMY	3.2 NAME	
STREET ADDRESS	391 SCOTSDALE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GUELPH ON	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	DT
NAME	GRAY, DAVID	4.2 NAME	Gray, David
STREET ADDRESS	1700 OCEAN DR	4.3 STREET ADDRESS	3545 Ocean Drive
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	AS	5.1 TITLE	AS
NAME	STEWART, PEGGY	5.2 NAME	Stewart, Peggy
STREET ADDRESS	3044 SHEPARD OF THE HILLS STE 307	5.3 STREET ADDRESS	3044 Shepherd of the Hills Expwy., #307
CITY-ST-ZIP	BRANSON MO	5.4 CITY-ST-ZIP	Branson, MO 65616
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0627958

CR2E034 (9/96)