PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90020 040 ***158.75

DOCUMENT # P9200005722

1. Corporation Name

ENTERT/	AINMENT CONCEPTS, INC.									
Principal Place	e of Business	Mailing Address	s				4 IMBIIMBI ISB SALIM II AIS MAISI MAI		udi dilik kadi	# 11010 1161 1061
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SUITE 307 SUITE 307						- }				
BRANSON MO 65616 BRANSON MO 65616							DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
					•	⊥	11/16/19 <u>92</u>			
2. Principal P	lace of Business	2a. Mailing Add	ress			_ [4. FEI Number		L A	pplied For
21		26					59-3153026			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.				_5. Certifcate of Status Desired	া		Additional
22							_5_ Certificate of Status Desired		Fee R	Required -
City & Stat		City & State	•			_	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	Žip	c	ountry			8. This corporation owes the curre	nt year Inta	ngible	
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New R	egistered 🖊	\gent_	
				81	Name					
	ney, stephen r			82	Stroot Ac	idrocc	s (P.O. Box Number is Not Accepta	nle)		-
200	SOUTH ORANGE AVENUE			102	Sireel Ac	Jules	s (F.O. Box Number is Not Acceptai	J. G.J		
SUN	BANK CENTER SUITE 3000			83						
ORL	ANDO FL 32801								· · ·	
				84	City			FL	85 Zip	Code
11 Duranat	to the provisions of Sections 607.0502	2 and 607 1508 Flor	rida Statutes the	ahove	e-named co	DEDOEA	ation submits this statement for the	urnose of	changing it	s registered
l office or 6	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	it Florida. Such chai	nge was authoriz	zea ov	the corpora	ation's	s board of directors. I hereby accept	the appoir	itment as r	egistered
SIGNATURE	Standard are printed game of registered exect					uired wt	hen reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	red Agen		uired wt	hen reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
12.	OFFICERS AND	and title if applicable. D DIRECTORS	(NOTE: Registe			uired wt			D DIRECT	
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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 ecceived 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 attack ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE