## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # **P92000005722**

1. Entity Name

Principal Place of Business

ENTERTAINMENT CONCEPTS, INC.

3044 SHEPARD OF THE HILLS EXPWY 3044 SHEPHARD OF THE HILLS EXPWY SUITE 307 SUITE 307 BRANSON MO 65616 BRANSON MO 65616 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3153026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOONEY, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SUN BANK CENTER SUITE 3000 ORLANDO FL 32801 City Zip Code G. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F ☐ Delete ☐ Change Addition NAME JOHNSON, KAREL G STREET ADDRESS 1495 LANDS END ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MANALAPAN FL 33462 TITLE DTS ☐ Delete TITLE Change Change Addition NAME GRAY, DAVID NAME STREET ADDRESS STREET ADDRESS 3545 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete AS TITLE Addition Change STEWART, PEGGY MAME STREET ADDRESS 3044 SHEPARD OF THE HILLS STE 307 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **BRANSON MO** TITLE ☐ Delete ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP TITLE ☐ Delete Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attac of other like empowered

NTECHAME OF SIGNAL CORPORATE SECRETARY

## FILED Mar 02, 2001 8:00 am Secretary of State

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