**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # P92000005722 1. Entity Name 02-28-2002 90023 018 \*\*\*158.75 ENTERTAINMENT CONCEPTS. INC. Principal Place of Business Mailing Address 3044 SHEPARD OF THE HILLS EXPWY 3044 SHEPHARD OF THE HILLS EXPWY SUITE 307 BRANSON MO 65616 BRANSON MO 65616 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3153026 Not Applicable Zip Country 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) 800 N. MAGNOLIA AVENUE 200 SOUTH ORANGE AVENUE SUN BANK CENTER SUITE 3000 **SUITE 1500** Zip Code ORLANDO FL 32801 ORLANDO 3<u>2803</u> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME JOHNSON, KAREL G NAME STREET ADDRESS STREET ADDRESS 1495 LANDS END ROAD CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 ☐ Addition Change TITLE ■ Delete TITLE DTS NAME NAME GRAY, DAVID STREET ADDRESS STREET ADDRESS 3545 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STEWART, PEGGY STREET ADDRESS STREET ADDRESS 3044 SHEPARD OF THE HILLS STE 307 CITY-ST-ZIP CITY-ST-ZIP **BRANSON MO** ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental export 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 empowers 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 attachment with an agdress, will

all other like empowered.

417-339-4405