2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P93000001977** 1. Entity Name BRANSON ENTERTAINMENT CONCEPTS, INC. 02-28-2001 90135 043 ***158.75 Principal Place of Business Mailing Address 3044 SHEPHERD OF THE HILLS EXPWY 3044 SHEPHERD OF THE HILLS EXPWY SUITE 307 SUITE 307 BRANSON MO 65616 BRANSON MO 65616 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 59-3158147 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) 200 SOUTH ORANGE AVENUE SUN BANK CENTER SUITE 3000 ORLANDO FL 32801 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition NAME JOHNSON, KAREL G NAME STREET ADDRESS STREET ADORESS 1495 LANDS END ROAD CITY-ST-ZIP CITY-ST-ZIP MANALAPAN FL 33462 DT TITLE ☐ Delete TITLE Change Addition GRAY, DAVID NAME NAME 3545 OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Delete TITLE Change Addition TITLE NAME STEWART, PEGGY NAME STREET ADDRESS 3044 SHEPHARD OF THE HILLS EXPWAY #307 STREET ADDRESS CITY-ST-ZIP **BRANSON MO** CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address all other like empowered.

PRINTED NAME ASSING OF COLSOFACE Secretary