FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071732 (0)**

1. Corporation Name
GOLDEN RING ENTERTAINMENT CO., INC.

Principal Place of Business	Mailing Address
201 S. ORANGE AVE. SUITE 300 ORLANDO FL 32801 US	P.O. BOX 1873 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0455154	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 1708 Oakwood Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Venice, CA
Zip 24 / Country 25	Zip 29 90291 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

RUMBERGER, E T
201 S. ORANGE AVE.
SUITE 300
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chairman & Director	☒ Change ☐ Addition
NAME	HETH, PAUL B	1.2 NAME	Heth, Paul B.	
STREET ADDRESS	201 S. ORANGE AVE., SUITE 300	1.3 STREET ADDRESS	1708 Oakwood Ave.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Venice, CA 90291	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RUMBERGER, E T JR	2.2 NAME		
STREET ADDRESS	201 S. ORANGE AVE., SUITE 300	2.3 STREET ADDRESS	→ Same	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	DC	3.1 TITLE	President & CEO & Director	☒ Change ☐ Addition
NAME	MARKOVICH, RAYMOND J	3.2 NAME	Markovich, Raymond J.	
STREET ADDRESS	201 S ORANGE AVE STE 300	3.3 STREET ADDRESS	163 Paris Rd.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	New Hartford, NY 13413	
TITLE		4.1 TITLE	~~G. Richard Beddingfield~~	☐ Change ~~☒ Addition~~
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Director & Treasurer	☐ Change ☒ Addition
NAME		5.2 NAME	G. Richard Beddingfield	
STREET ADDRESS		5.3 STREET ADDRESS	1708 Oakwood Ave.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice, CA 90291	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Raymond J. Markovich Raymond J. Markovich 4/15/95 705-229-2349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000007 CP