2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

289 LYMAN BLVD

P95000019101 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7716 EAST COLONIAL DRIVE

SCOTTY'S ENTERTAINMENT CENTER, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90725 026 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Desired \$8.75 Additional Fee Required See Required Respectively Street Address of New Registered Agent Name Name City FL Zip Code City FL T	ORLANDO FL 32807-8422			CASS	CASSELBERRY FL 32707								
City & State City & State City & State City & State City & State Country S. Certificate of Status Desired S8.75 Additional Fee Required S. Name and Address of Current Registered Agent States Desired S8.75 Additional Fee Required Name	2. Principal Place of Business			3. Mai	3. Mailing Address					ABIBA LIBID IBIBI 15011			
Zip Country Zip Country 5.9-33006/9 Not Applicat 6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Country Zip Country St. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registere	City & State				City & State			4. F	FEI Number 59-3303679 Applied For Not Applicable				
HIXSON, DEREK 3152 NICHOLSON DR WINTER PARK FL 32792 City FL 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. I am familiar with, and acceptable) SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 103 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-S1-2P LANGE ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRE	Zip		Zip	Zip Country			5. (Certificate of Status Desired	\$8.75 AG	dditional			
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E. The above named entity subrels this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat					Street Address			dress (P.O. B	(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	WINTER P	ARK FL 32	792										
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12. I hereby certify that the information supplied with this filing toos 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 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 10 or Block 11 if changed, or on an attachment with an address, with

SIGNATURE:

SIGNATUME REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #