

FILED  
Apr 27 1998 8:00am  
Secretary of State

**DOCUMENT # P95000074101 (3)**  
1. Corporation Name  
**CENTRAL FLORIDA ENTERTAINMENT, INC.**

Principal Place of Business	Mailing Address
6804 ORCHID LAKE RD NEW PORT RICHEY F 34653 US	P O BOX 5211 PALM HARBOR FL 34684 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	PO Box 6131
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent	
<b>DOLAN, MARK R</b> <b>112 EAST ST., SUITE B</b> <b>TAMPA FL 33602</b>	<b>81</b> Name <i>SA</i>
	<b>82</b> Street Address <i>23</i>
	<b>83</b>
	<b>84</b> City <i>New</i>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to \_\_\_\_\_, effective \_\_\_\_\_, 20\_\_\_\_, by filing this Certificate of Amendment with the Department of State, and to change its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sandra Masters Sandra  
 Signature, board member or registered agent, if applicable (INC11. Registered Agent complete only)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PO	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	GLUCK, MARTIN		1.2 NAME		
STREET ADDRESS	112 EAST ST., SUITE B		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP		
TITLE	VO	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	GLUCK, GERALD		2.2 NAME		
STREET ADDRESS	112 EAST ST., SUITE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	MASTERS, SANDRA		3.2 NAME		
STREET ADDRESS	112 EAST ST., SUITE B		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3. Date Incorporated or Qualified <b>09/25/1995</b>		
4. FEI Number <b>59-3409930</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent <b>andra Masters</b> P.O. Box Number is Not Acceptable <b>27 Woodland Circle</b>		
Port Richmond <b>FL</b>		85 Zip Code <b>33165</b>

14. 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 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.

CP2E034 (10/97)