

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90099 017 ***150.00

DOCUMENT # P96000073306

1. Entity Name
ACADEMY ENTERTAINMENT GROUP, INC

Principal Place of Business PO BOX 22728 LAKE BUENA VISTA FL 32830 US	Mailing Address PO BOX 22728 LAKE BUENA VISTA FL 32830 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 22163	3. Mailing Address P.O. BOX 22163
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKE BUENA VISTA, FL	City & State LAKE BUENA VISTA, FL

4. FEI Number 59-3395858	Applied For <input type="checkbox"/> Not Applicable
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Zip 32830	Country US	Zip 32830	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ANGLIN, FRANKLIN C
 7558 SUNTREE CIRCLE, APT 67
 ORLANDO FL 32807**

7. Name and Address of New Registered Agent
 Name **ANGLIN, FRANKLIN C.**
 Street Address (P.O. Box Number is Not Acceptable) **8097 SWEET GUM LOOP**
 City **ORLANDO** FL Zip Code **32835**

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 *David Van Houtte, VPS* DATE **4-11-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGLIN, FRANKLIN C 7558 SUNTREE CIRCLE APT 67 ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGLIN, FRANKLIN C. 8097 SWEET GUM LOOP ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE LORD, SHANE 2535 S. SEMARON BLVD. APT 1626 ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VAN HOUTTE, DAVID PO BOX 617217 N/A ORLANDO FL 32861 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE BAKER, STEPHEN 6625 EDGEWORTH DR. ORLANDO, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Van Houtte, VPS* DATE **4-11-01** DAYTIME PHONE # **407-497-9912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)