## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** FLORIDA DEPARTMENT OF STATE **FILED**  CORPÓRATION ANNUAL REPORT May 05 1997 8:00 am Secretary of State DIVISION OF CORPORATIONS 1997 Secretary of State **DOCUMENT #** p96000078818 Ronin Entertainment Principal Place of Business Mailing Address 1350 B Dorado Drive Kissimmee, Fl. 3. Date Incorporated or Qualified 3a. Date of Last Report 34741 Sep. 23,1996 2. Pancipal Phice of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Kissimmee, Florida 26 59-3437711 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2405 Quail Cove Court Fee Required Oily & State City & State \$5.00 May Be 6. Election Campaign Financing Kissimmee,Fl Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intanglish tax under s. 199.032. Yes No 25 Osceola Florida Statutes 34744 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Wade T. Pena Street Address (P.O. Box Number is Not Acceptable) 5631 Norman H. Cutson Drive 83 Orlando, Florida 32821 City 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. Wade T. Pena Vice President&Secretary
c (NOTE: Registered Agent signature required when reinstalting)
DATE name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 THLE 1:114 Vice President/Secretarv 1.2 NAME NAME Wade T. Pena 1.3 STREET ADDRESS STREET ADDRESS 5631 Norman H. Cutson Dr. Orlando, Florida 32821 Crange 1 4 CITY - ST - ZIP (-17 - S1 - 2)F DELETE 21 TITLE TITLE 2.2 NAME NAM 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHY-ST ZIE Change Addition DELETE 11115 31 TITLE 32 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-51-ZII DELETE Change Addition 4.1 TITLE 11.11 N^V 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP DELETE Change Addition 5.1 TITLE 10 F 5.2 NAME 11/1/11 STORY LABOREST 5 3 STREET ADDRESS 54 CITY-ST-ZIP CILY ST Change DELETE 6.1 TITLE 100002170031 -05/07/97--01093--075 6.2 NAME NAM 63 STREET ADDRESS STINLE ACCESS & \*\*\*173.75 64 CITY - ST-ZIP 14. I do hereby cold by 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.

Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**