PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. : DIVISION OF CORPORATIONS

1999 P98000095405

1. Corporation Name
AMUSEMENT DISTRIBUTORS INTERNATIONAL, INC.

## FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90007 041 \*\*\*550.00



Mailing Address Principal Place of Business 1447 SHELTER ROCK ROAD 1447 SHELTER ROCK ROAD ORLANDO FL 32835 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 11/10/1998 2a. Mailing Address 5828 Dla Winter -26 Garden Rd. Orlando, Fl 32835 Applied For FEI Number Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired... Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country Yes Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **CORPORATION SERVICE COMPANY** 82 1201-HAYS-STREET TALLAHASSEE FL 32301-2525 83 84 City MIO 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 running of the corporation of the statement of the purpose of changing its running or registered agent, or both on 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 ascept the obligations of Section 607.0505, Florida-Statutes. SIGNATURE pictered Agent algristure required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE TITLE D 5828 Old Winter Garden Rd. 12 NAME **BUDOWSKI, MICHAEL E** NAME 1447 SHELTER ROCK ROAD 1.3 STREET ADDRESS STREET ADDRESS Orlando, FL 32835 ORLANDO FL 32835 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition [] DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2,4 CITY-ST-ZIP CITY-ST-ZP Addition Change DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE S 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE **6.2 NAME** NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: X

1/0/2/01

407-3977708