P99000091120

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



000024444200

11/07/03--01069--008 **35.00

DEC-8 PM 1:1

RA Rolchange

Ozark, Perron & Nelson, P.A. Attorneys At Law

2808 Manatee Avenue West Bradenton, Florida 34205 Telephone: (941) 750-9760 Telefax: (941) 750-9761 opa00001@tampabay.rr.com

DAMIAN M. OZARK* ANDRE R. PERRON+** MARK A. NELSON +Board Certified in Business Litigation *Also Admitted in MS and CO **Also Admitted in NH

December 2, 2003

Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

> Re: APOLLO AMUSEMENTS, INC. Letter Number: 103A00062190

Dear Sir or Madam:

Enclosed please find the revised Statement of Change of Registered Office or Registered Agent for Apollo Amusements, Inc., along with a copy of the referenced letter requesting amendment.

Should you have any questions, please contact my office.

Sincerely,

OZARK, PERRON & NELSON, P.A.

Andre R. Perron

ARP/jwm enclosures



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 17, 2003

OZARK, PERRON & NELSON, P.A. 2808 MANATEE AVENUE WEST BRADENTON, FL 34205

SUBJECT: APOLLO AMUSEMENTS, INC.

Ref. Number: P99000097120

We have received your document for APOLLO AMUSEMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

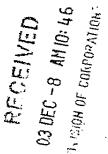
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

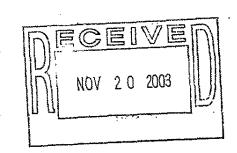
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 103A00062190





03 DEC -8 PM 1:55

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		ns 607.0502, 617.0502, a on organized under the l					
		gistered agent, or both, it					
1. The name of the	e corporation;	Apollo Amuser	nents,	Inc.	····		
2. The principal of	ffice address:	6215 Florida	Circle	East,	Ruskin,	_FL_	33572
3. The mailing add	dress (if different	same					
4. Date of incorpo	oration/qualification	on: 11/3/99	Documen	t number:	P990000	97120	<u> </u>
5. The name and s Florida Departn		ne current registered agen	at and registe	red office o	on file with the	•	
	John	E. Russo	••		- -		
	77		KXXXXXXXX	XXXXXX	X 4607	402nd	l St. E.
_	Pauskat	XXXXXXXXXXXXX	Myakka	a City	, FL 342	51	
6. The name and s (if changed):	street address of the	ne new registered agent (i	f changed) a	nd /or regi	stered office	ALLAHA	FILE 03 PEC-8
	Andr	e R. Perron, E	squire			ريارد اتارد	RECEIVED IN THE PERSON OF THE
_	2808	Manatee Avenu	e West				エニュー
_		(P.O. Box or personal mail	-			(SZ 55
_	Brad	enton, Florida	34205		<u>-</u>	·	DE D
The street address changed will be in	s of its registered dentical.	office and the street ad	dress of the	business o	ffice of its reg	istered :	agent, as
		solution duly adopted by seen notified in writing o					
., 🔀		_	_		E. Russ		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nature of an officer or	lirector)			led or typed name		
I hereby accept the I further agree to duties, and I am f being filed merely been notified in w	comply with the familiar with and v to reflect a cha	Fregistered agent and a provisions of all statute accept the obligation o nge in the registered off ince.	igree to act i s relative to f my position ce address,	in this cap the proper n as registe I hereby c	acity. r and complet ered agent. O onfirm that th	e perfor Ir, if this e corpo	mance of my s document is ration has
		Dr.	<u></u>		1/4/	22	
	ignature of Acquirered	Agent)			((Date)		
If signing on beha	alf of an entity: $A \sim R$	Perron					
	Typed or Printed Name				(Capacity)	,	

* * * FILING FEE: \$35.00 * * *