2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106955

Name:

Address:

City-St-Zip:

PICCONE, MIGUEL M

DORAL, FL 33178 US

9737 NW 41ST STREET SUITE 674

Entity Name: GAME TECHNOLOGY LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9737 NW 41ST STREET SUITE 674 DORAL, FL 33178 **Current Mailing Address: New Mailing Address:** 9737 NW 41ST STREET SUITE 674 DORAL, FL 33178 FEI Number: 20-3726071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PICCONE, MIGUEL M FREIRE, PAULO C 9737 NW 41ST STREET 9737 NW 41ST STREET SUITE 674 SUITE 536 DORAL, FL 33178 US DORAL, FL 33178 US 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: PAULO FREIRE 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete OLIVARES, LUIS E Name: Name: Address: 9737 NW 41ST STREET SUITE 674 Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition GALLIMBERTI, DANIEL O Name: Name: Address: 9737 NW 41ST STREET SUITE 674 Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition PAZ, EDUARDO A Name: Name: 9737 NW 41ST STREET SUITE 674 Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS OLIVARES MGM 05/01/2009