

DOCUMENT # **PO000109801**
 1. Entity Name
WEB Gaming Solutions, INC.

FILED

01 OCT 29 PM 4:35

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**1601 Forum Place # 203
 West Palm Beach, FL 33401**

2. Principal Place of Business 3. Mailing Address
1601 Forum Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 203
 City & State City & State
West Palm Beach, FL

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
33401 USA

4. FEI Number Applied For
65-1126255 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LINDA WALDEN
 1489 Palmetto PK rd. #400
 Boca Raton, FL 33486**

7. Name and Address of New Registered Agent
 Name **TINA ONORATO**
 Street Address (P.O. Box Number is Not Acceptable)
4413 Hunting Trail
 City **Lake Worth** FL Zip Code **33467**

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 **Tina Onorato** V.P. **Tina Onorato** 10/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **\$5.00** May Be Added to Fees
 10. Election Campaign Financing Trust Fund Contribution

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Pres. LINDA WALDEN <input checked="" type="checkbox"/> Delete	TITLE NAME Richard ONORATO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1489 Palmetto PK rd. #400	STREET ADDRESS 4413 Hunting Trail
CITY-ST-ZIP Boca Raton FL 33486	CITY-ST-ZIP Lake Worth, FL 33401		
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

CR2E034 (11/00)

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: **Richard J. ONORATO** 10/18/01 561-688-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #