

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000079394

1. Entity Name  
CBN GAMING SYSTEMS INC.



Principal Place of Business  
2401 WILLAMETTE DR., SUITE 110  
PLANT CITY, FL 33566

Mailing Address  
2401 WILLAMETTE DR., SUITE 110  
PLANT CITY, FL 33566



07152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1840307

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KOZDRAS, MICHAEL  
2401 WILLAMETTE DR., SUITE 110  
PLANT CITY, FL 33566

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CDT
NAME	BASCOMBE, CRAIG S
STREET ADDRESS	#200 - 18 AURIGA DRIVE
CITY-ST-ZIP	OTTAWA, CA k2e 7t9
TITLE	DV
NAME	LAVOIE, CHARLES R
STREET ADDRESS	145 RICHMOND ROAD
CITY-ST-ZIP	OTTAWA, CA k1z 1a1
TITLE	DP
NAME	WALL, SIMON
STREET ADDRESS	#110 - 2401 WILLAMETTE DR.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	DS
NAME	MCKECHNIE, GORDON C
STREET ADDRESS	145 RICHMOND ROAD
CITY-ST-ZIP	OTTAWA, CA kz1 1a1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000167582  
07/21/04-80003-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #