2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000079394

1. Entity Name
CBN GAMING SYSTEMS INC.

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

03142005 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000232209
04/07/05-80060-005 150.00

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	

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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: Gordon McKechnie March 23, 2005 (613)722-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #