

**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.	
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Principal Place of Business 2401 WILLAMETTE DR., SUITE 110 PLANT CITY, FL 33566	Mailing Address 2401 WILLAMETTE DR., SUITE 110 PLANT CITY, FL 33566
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1840307	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

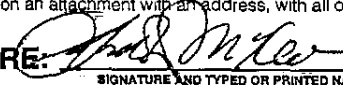
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000292209
04/07/05-80060-005 150.00

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

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