


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90327 027 \*\*\*158.75

**DOCUMENT # P03000145597**

1. Entity Name  
**INTERACTIVE GAMES, INC.**



Principal Place of Business      Mailing Address

**225 MIZNER BLVD.  
 SUITE 300  
 BOCA RATON, FL 33432 US**      **225 MIZNER BLVD.  
 SUITE 300  
 BOCA RATON, FL 33432 US**

2. Principal Place of Business      3. Mailing Address

**3400 McIntosh Rd**      **P.O BOX 22687**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**F20**      **F20**

City & State      City & State

**Hollywood, FL**      **Hollywood, FL**

Zip      Country      Zip      Country

**33316 USA**      **33335 USA**



04122004    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**200447094**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, B. MICHAEL  
 225 MIZNER BLVD.  
 SUITE 300  
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name      **Friedman, B Michael**

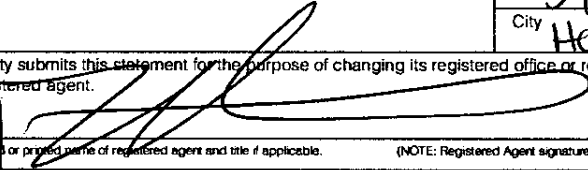
Street Address (P.O. Box Number is Not Acceptable)

**3400 McIntosh Rd, F20**

City      State      Zip Code

**Hollywood      FL      33316**

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 **4-12-04**

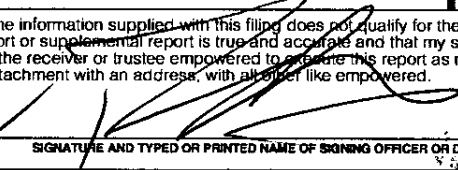
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D FRIEDMAN, B. MICHAEL 225 MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3400 McIntosh Rd, F20 Hollywood FL, 33335</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 prepare 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       DATE **4/12/04**      Daytime Phone # **561-212-4849**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #