

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# P 94000035262

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90130 016 \*\*\*150.00

Entity Name  
**S Amusements, Inc.**

Principal Place of Business Mailing Address  
**681 North Egret Road same**  
**Homestead, FL 33305**

**80083064**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
State, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0509721</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>Spiner, Eitan</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		Zip Code	

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

This corporation is eligible to qualify its intangible assets for the filing of a financing statement under the Uniform Commercial Code.

**FILE NOW! (FEE IS \$150.00)**

**\$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	
<input type="checkbox"/> Delete	<b>P.D. Spiner, Eitan</b> <b>681 North Egret Road</b> <b>Homestead, FL 33305</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

The information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information reported in this 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 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 applicable, or on an attachment with an address with all other like empowered.

SIGNATURE: *Eitan Spiner* Date: **4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR