2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 18, 2004 8:00 am **Secretary of State** DOCUMENT # G39045 1. Entity Name 03-18-2004 90022 037 ***150.00 GAME SYSTEMS INC Principal Place of Business Mailing Address P O BOX 160129 MIAMI FL 33116-0129 864 NW 110TH AVENUE PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 10330 NW 12th PI Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number FL 59-2287522 PLANTAMON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33322 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STASSUN. PETER G. Street Address (P.O. Box Number is Not Acceptable) 864 NW 110TH AVENUE -PLANTATION FL 33324 Zip Code 33322 DUANTATION 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change MLE □ Delete TITLE ☐ Addition STASSUN, PETER G. NAME NAME 10330 NW 12th PL STREET ADDRESS 864 NW 110TH AVENUE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP PLANTATION FL 33322 STD TITLE ☐ Delete TITLE Change ☐ Addition FEILD, WILLIAM B JR NAME NAME STREET ADDRESS STREET ADDRESS 15461 SW 82ND AVE **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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 of 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

305-431-1511

Daytime Phone #