
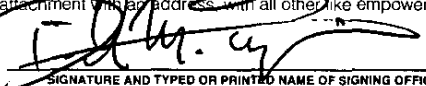


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90171 007 \*\*\*150.00

<b>DOCUMENT # 595713</b> 1. Entity Name <b>ELECTROPLAY SERVICES, INC.</b>					
Principal Place of Business <b>5340 HILLOCK COURT ORLANDO, FL 32810</b>			Mailing Address <b>5340 HILLOCK COURT ORLANDO, FL 32810</b>		
2. Principal Place of Business <b>33329 LAKESHORE DR</b>			3. Mailing Address <b>33329 LAKESHORE DRIVE</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>TAVARES, FLORIDA</b>			City & State <b>TAVARES, FLORIDA</b>		
Zip <b>32778</b>			Zip <b>32778</b>		
Country <b>LAKE</b>			Country <b>LAKE</b>		
4. FEI Number <b>59-1898034</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>TOLPIN, RICHARD M 5340 HILLOCK COURT ORLANDO, FL 32810</b>			7. Name and Address of New Registered Agent Name <b>TOLPIN, RICHARD M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>33329 LAKESHORE DRIVE</b> City <b>TAVARES</b> <b>FL</b> Zip Code <b>32778</b>		
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  <b>RICHARD M. TOLPIN</b> <b>4/22/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PDT TOLPIN, RICHARD M 5340 HILLOCK COURT ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TOLPIN, RICHARD M. 33329 LAKESHORE DRIVE TAVARES, FLORIDA 32778
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOLPIN, RICHARD M 5340 HILLOCK COURT ORLANDO, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOLPIN, RICHARD M. 33329 LAKESHORE DRIVE TAVARES, FLORIDA 32778
		<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	
		<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	
		<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 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:  <b>RICHARD M. TOLPIN</b> <b>4/22/04</b> <b>(352)942-2334</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04222004 Chg-P CR2E034 (10/03)