

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 DEC -1 AM 10:04

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # 663179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| 1. Entity Name<br><b>AMUSEMENT MACHINE EXPORTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Mailing Address                                                                                                           |                                                                                                                                                         |
| 221 NW 4th AVE<br>HALLANDALE, FL. 33009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | 3. Mailing Address                                                                                                        |                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 221 NW 4th AVE                                                                                                            |                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Suite, Apt. #, etc.                                                                                                       |                                                                                                                                                         |
| City & State<br>HALLANDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | City & State<br>HALLANDALE FLORIDA                                                                                        |                                                                                                                                                         |
| Zip<br>33009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Country<br>U.S.                                                                                                           |                                                                                                                                                         |
| 4. FBL Number<br>592092812                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | Applied For<br>Not Applicable                                                                                             |                                                                                                                                                         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 7. Name and Address of New Registered Agent                                                                               |                                                                                                                                                         |
| MARK PRINCE<br>18449 N.W. 9 CT.<br>PEMBROKE PINES, FL 33029                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Name<br>DALE SPIRY<br>Street Address (P.O. Box Number is Not Acceptable)<br>7131 CUSTER ST.<br>City<br>HOLLYWOOD FL 33024 |                                                                                                                                                         |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| SIGNATURE<br>DALE SPIRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | DATE<br>11/29/2000                                                                                                        |                                                                                                                                                         |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees          |                                                                                                                                                         |
| FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$200.00<br>Make Check Payable to Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                     |                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADUP<br>PRINCE, MARK<br>18449 NW 9, CT.<br>PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | PRESIDENT<br>DALE SPIRY<br>7131 CUSTER ST<br>HOLLYWOOD, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | VICE PRESIDENT<br>GEORGE FARLEY<br>1721 N. 54th AVE<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | 600003500506--S<br>-12/13/00--01108--011<br>*****70.00 *****70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| 13. 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 this 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 11 or Block 12 if changed, or on an attachment with an address with all other like employment. |                                                                                                                |                                                                                                                           |                                                                                                                                                         |
| SIGNATURE:<br>[Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | 11/29/2000 954-458-2121                                                                                                   |                                                                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Date                                                                                                                      |                                                                                                                                                         |