## 2006 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am **DOCUMENT # 766823** Secretary of State 1. Entity Name 03-01-2006 90021 040 \*\*\*\*61.25 PLAYDIUM MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address % LAWRENCE ZUCKERMAN 1100 HILLCREST DRIVE HOLLYWOOD FL 33021 % LAWRENCE ZUCKERMAN 1100 HILLCREST DRIVE HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2263251 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ILLIP-BIVONA VARANO, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 205 CORAL WAY BOX B-123 HOLLYWOOD FL/33021 State of Florida. I am familiar with, and accept 8. The above named intry submits this statement for the purpose of changing its registered office or registered agen the obligations of 2-6-06 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZUCKERMAN, LAWRENCE NAME NAME STREET ADDRESS 4400 HILLCREST DR #219 STREET ADDRESS CHTY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Change ☐ Addition TITLE TITLE MELOZTO, NICHOLAS, NAME NAME 4700 WASHINGTON STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL/33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE MCMANUS, WILLIAM NAME NAME 4700 WASHINGTON STREET #302 STREET ADORESS STREET ADDRESS HOLLYWOOD(FL 33021/ CITY-ST-ZIP CITY-ST-7IP מד TITLE Change ☐ Addition TITLE ☐ Delete MORROW, FRED K NAME NAME 4650 WASHINGTON STREET #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE LARRY STEVENS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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

FILED