2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766823

FILED Apr 30, 2009 Secretary of State

Entity Name: PLAYDIUM MANAGEMENT COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

% JACK HARVEY

1100 HILLCREST DRIVE

HOLLYWOOD, FL 33021 US

SOPHIE HUFFMAN

1100 HILLCREST DRIVE

HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

% JACK HARVEY

1100 HILLCREST DRIVE

HOLLYWOOD, FL 33021 US

SOPHIE HUFFMAN

1100 HILLCREST DRIVE

HOLLYWOOD, FL 33021 US

FEI Number: 59-2263251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name

Name and Address of New Registered Agent:

PETERS, BRYAN 901 HILLCREST DRIVE 610 HOLLYWOOD, FL 33021 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HARVEY, JACK
 Name:
 HUFFMAN, SOPHIE

 Address:
 4200 HILLCREST DRIVE
 Address:
 4350 HILLCREST DRIVE

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: VD () Delete Title: T (X) Change () Addition Name: MELOTTO, NICHOLAS Name: COHEN, ELI

Address: 4700 WASHINGTON STREET Address: 4200 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete Title: VP/S (X) Change () Addition

 Name:
 MORROW, FRED K
 Name:
 CALORE, WILLIAM

 Address:
 4650 WASHINGTON STREET #111
 Address:
 4350 HILLCREST DRIVE

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: SD (X) Delete Title: () Change () Addition

 Name:
 STEVENS, LARRY
 Name:

 Address:
 4350 HILLCREST DRIVE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIE HUFFMAN P 04/30/2009