

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90190 023 ****61.25

DOCUMENT # 766823

1. Entity Name
PLAYDIUM MANAGEMENT COMPANY, INC.



90006670



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**% AL HINDERMAN
1100 HILLCREST DRIVE
HOLLYWOOD FL 33021
US**

Mailing Address
**% AL HINDERMAN
1100 HILLCREST DRIVE
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2263251**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARANO, VICTORIA
205 CORAL WAY BOX B-123
HOLLYWOOD FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD FISHER, ALVIN** ☐ Delete
STREET ADDRESS **4330 HILLCREST DR #514**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VD ZUCKERMAN, LAWRENCE** ☐ Delete
STREET ADDRESS **4400 HILLCREST DRIVE APT 219**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **SD LEAVITT, ROSE** ☒ Delete
STREET ADDRESS **4650 WASHINGTON ST #405**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE
NAME **SD McMANUS, WILLIAM** ☒ Change ☐ Addition
STREET ADDRESS **4700 WASHINGTON ST. APT 302**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME **TD COHEN, ELI** ☐ Delete
STREET ADDRESS **4200 HILLCREST DR APT 403**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)