

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005945

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: PLAYNETWORK, INC.

**Current Principal Place of Business:**

8727-148TH AVENUE NE  
REDMOND, WA 98052

**New Principal Place of Business:**

**Current Mailing Address:**

8727-148TH AVENUE NE  
REDMOND, WA 98052

**New Mailing Address:**

FEI Number: 91-1664823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: TROXEL, LON  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

Title: SEC  
Name: HOOVER, SUE  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

Title: DIR  
Name: PURCELL, KEN  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

Title: DIRE  
Name: WOLF, WILLIAM  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

Title: DIR  
Name: MARINATOS, ANTHONY  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

Title: DIR  
Name: WASH, DARRYL  
Address: 8727-148TH AVENUE NE  
City-St-Zip: REDMOND, WA 98052

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEGAN TUCKER

AAGN

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date