FILED
Jun 22, 2004 8:00 am
Secretary of State
05-06-2004 90189 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03000003649

1. Entity Name
LotteryDNA Worldwide LTD, Corp

DO NOT WRITE IN THIS SPACE

66428794

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
551 Breaker Ave	PO Box 4648
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale, FL 33304	City & State: Ft Lauderdale Florida
Zip / Country: Blower	Zip: 33338 / Country: Blower

4. FEI Number: 75-3052626 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

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: Corporation Service Company 1201 HAYS Street Tallahassee FL 32301-2525
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Anniversary (May 1) Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

$150.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don E Foster President 551 Breakers Ave 33304 Ft Lauderdale Florida
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Foster — May 5th — 2004 — 954-5568178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #