


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F95000002182		
1. Entity Name ATLANTIC CITY COIN & SLOT SERVICE COMPANY, INC.		

FILED

06 SEP 13 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 201 W. DECATUR AVE. PLEASANTVILLE, NJ 08232	Mailing Address 201 W. DECATUR AVE. PLEASANTVILLE, NJ 08232
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08232006 Chg-P CR2E034 (11/05)

4. FEI Number 22-2231057		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, RAY 4028 N 29TH AVENUE HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: <u>PATRICK BARTHO</u> Street Address (P.O. Box Number is Not Acceptable): <u>THE BARTHO FIRM</u> <u>200 S. BISCAYNE BLVD, Ste 1800</u> City: <u>Miami</u> FL Zip Code: <u>33131</u>	
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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] DATE: 8/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEELIG, MAXIE 201 W. DECATUR AVE. PLEASANTVILLE, NJ 08232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079825775 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/14/06--01041--018 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORMICK, TOM 201 W. DECATUR AVE. PLEASANTVILLE, NJ 08232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] DATE: 8/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 9/13