2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F9900003762 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name PLAY ALONG, INC. 04-03-2000 90145 021 ***150.00 Mailing Address Principal Place of Business 6700 N. ANDREWS AVE., SUITE 400 6700 N. ANDREWS AVE., SUITE 400 FT. LAUDERDALE FL 33309-2165 FT. LAUDERDALE FL 33309 0 3 2 0 9 0 3. Mailing Address Principal Place of Business Brdrews odouro Bix 6600 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 350 Applied For 4. FEI Number City & State 65-0914601 Louderolde Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELLER, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 18566 HARBOR LIGHT WAY **BOCA RATON FL 33498** Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE GELLER, STEVE NAME NAME 17212 WHITEHAVEN DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE WAI KING, KONG NAME NAME 1/F BLOCK A. CHUNG MEI CENTRE, NO. 15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HONG KONG Delete_ TITLE TITLE SUI YING, TAM NAME NAME 1/F BLOCK A. CHUNG MEI CENTRE, NO. 15 STREET ADDRESS STREET ADDRESS HONG KONG CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE FOREMAN, JAY NAME NAMÉ 428 PLAZA REAL UNIT 510 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE EMBY, CHARLES NAME NAME 1857 OCEAN MIST DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE GELLER, LAWRENCE NAME 1857 OCEAN MIST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33498 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.