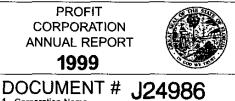
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GAMEBREAKERS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90169 017 ***150.00

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Principal Place of Business Mailing Address C/O PERGAKIS, PAUL C/O. PERGAKIS. PAUL 7870 SW 120 ST 7870 SW 120 ST. MIAMI FL 33156 DO NOT WRITE IN THIS SPACE MIAMI FL 33156 Uŝ 3. Date Incorporated or Qualifed 07/15/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2766453 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year Intangible □No 25 30 24 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PERGAKIS, PAUL Street Address (P.O. Box Number is Not Acceptable) 7870 SW 120 ST **MIAMI FL 33156** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD Change Addition ☐ DELETE TITLE 1.1 TITLE PERGAKIS, PAUL NAME 1.2 NAME 7870 S.W. 120 STREET 1.3 STREET ADDRESS STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE WEICHERDING, M. DIANE 2.2 NAME NAME 2281 N.E. 45TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE KLEM, DEBORAH S. 3.2 NAME NAME 7870 S.W. 120TH STREET 3.3 STREET ADORESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITI F WATLER, BARBARA NAME 4 2 NAME 9400 N.W. 38TH ST. 4.3 STREET ADORESS STREET ADDRESS HOLLYWOOD FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME **DELMONICO, SUSAN**

14. 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 annual report or supplemental annual 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, Plorida Statutes; and that my name appears in Block 12 or Block 13 hanged

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

3 HARBOUR DRIVE SOUTH

OCEAN RIDGE FL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

309.876.0665

21114

☐ Change

24/5 KEMPER RD

≣:

☐ Addition