LIMITED LIABILITY COMPANY

FILED Mar 24, 2003 8:00 am Secretary of State -UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000014262 1. Entity Name 03-24-2003 90687 003 ****50.00 ORLANDO COIN MACHINES, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Donegal DAME 6203 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ORL City & State City & State 4. FEI Number Applied For FLOR: dA Not Applicable Employees Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent ICHARD DO_NOI_WRITE IN THIS SPACE 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 FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS PRESIDENT-CEO RICHARD H. DEE 6203 DONEER / dr. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO_NOT_WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE TITLE NAME NAME

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E083B (12/02)