

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093626

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: PP WORLD GAMES L.L.C.

**Current Principal Place of Business:**

2901 SOUTH BAYSHORE DRIVE, SUITE 5-E  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2901 SOUTH BAYSHORE DRIVE, SUITE 5-E  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 27-3421825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MURGO, ALEXANDER  
2901 SOUTH BAYSHORE DRIVE, SUITE 5-E  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MURGO, ALEXANDER  
Address: 2901 SOUTH BAYSHORE DRIVE, SUITE 5-E  
City-St-Zip: MIAMI, FL 33133

Title: MGRM  
Name: PETROVIC, ANDRIJA  
Address: BUL. KRALJA ALEXSANDRA 308  
City-St-Zip: BELGRADE, SERBIA 11070, XX

Title: MGRM  
Name: BALLARINI, RAFFAELLO  
Address: VIA VOLTERRE 5  
City-St-Zip: MILANO 20146 ITALY, XX

Title: MGR  
Name: MENAGUALE, MARCO  
Address: VIA GIACINTA PEZZANA 27  
City-St-Zip: ROME, 00196 ITALY, XX

Title: MGR  
Name: GOLDEN, DICK  
Address: 3537 PALMETTO AVE.  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: MAMOLI, DANIELE  
Address: VIA SPORTING MIRASOLE 23  
City-St-Zip: NOVERASCO, MI 20090, ITALY, XX

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ALEX MURGO

MGRM

04/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date