

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90419 012 ****55.00

DOCUMENT # L94000000501

1. Entity Name

GAMES INTERNATIONAL, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 E. ATLANTIC BLVD

3. Mailing Address

900 E. ATLANTIC BLVD

Suite, Apt. #, etc.

STE 17

Suite, Apt. #, etc.

STE 17

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0523144

Applied For

Not Applicable

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN D. STUPANETZ

Street Address (P.O. Box Number is Not Acceptable)

900 E. ATLANTIC BLVD

STE 17

City

POMPANO BEACH FL

Zip Code

33060

**DO NOT 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ARKADIY SURENYAN
900 E. ATLANTIC BLVD
POMPANO BCH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VLADIMIR V. ZAKHAROV
900 E. ATLANTIC BLVD
POMPANO BCH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALEXANDER D. SOUKHANOV
900 E. ATLANTIC BLVD
POMPANO BCH FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

S-30-02

954-783-5030

CR2E083B (12/01)