File on	or before May 1, 1999 o	or Limited	I Liability Co	mpany will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATION					FILED 99 FEB 19 PH 3: 27				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY UF STATE				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1.98000002830						TALLAHASSEE, FLORIDA			
STARGAMES USA, L.C. 1301 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323					1301 SAWGRASS CORPORATE PARK SUNRISE FL 33323				
2 Principal Place of Business 2a. Mailir			ng Address		3. Date Organize	ed or Qualified	3a. State	of Formation	
Suite, Apt. #, etc. Suite,			upt. #, etc.		11/23/1 4. FEI Number	998	FL		
City & State City			ity & State		65-0	8790¢		Applied For Not Applicable	
Zip	Country	Zip	Co	untry	5. Date of Last F	•		ate of Status Desired	
Street Address (F SUNRISE FL 33323 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmal as registered agent, and accept the obligations. SIGNATURE (Firgespeed Agent Accepting Appenditure): (NOTE Registered Agent a quantum registered agent when receptations)					Zip Code Zip Code Zip Code Liability company submits this statement for the purpose of changing tive vote of a majority of the members. Thereby accept the appointment				
10. Title Managing Members/Managers			iness Street Address			, State and Zip Code			
ſ	PHARMINTER, INC.			GRASS CORI	PORATE PA	SUNRIS TOTO CO -02/2 ****	E FL ?7⊖9 6/99 188.79	9 1 5 1 2 01096014 ****188.75	
indicated of limited liab attachmen	reby certify that the information supplied on this annual report is true and accura illty company or the receiver or trustee t with an address.	te and that my s	ignature shall have t	ne same legal effect as	if made under oath 08, Florida Statutes	lorida Statutes. I , that I am a man s, and that my na	aging mem me appears	ify that the information ber or manager of the s in Block 10, or on an	
SIGNATURE: 02/17/99 954-233-2560									

INHSE10 R (12-98)