

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005173

1. Entity Name
NORTH AMERICAN CORPORATE GAMES, L.L.C.

FILED

01 MAY 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5840 CORPORATE WAY, STE. 250
WEST PALM BEACH FL 33407

Mailing Address
P.O. BOX 14127
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Ste. 1501 City & State West Palm Beach, FL Zip 33401 Country USA		3. Mailing Address 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Ste. 1501 City & State West Palm Beach, FL Zip 33401 Country USA	
--	--	--	--

4. FEI Number 65-0961630	Applied For <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>

6. Name and Address of Current Registered Agent DESANTIS, CONRAD J 11891 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent Name ALFRED ZUCARO, JR. Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. #1501 City West Palm Beach FL Zip Code 33401	
--	--	--	--

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 <i>[Signature]</i> 4/17/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
--	--

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	
---	--

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUCARO, ALFRED JR 3215 EMBASSY DRIVE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004420269--6 -06/14/01--01084--011 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESANTIS, CONRAD J 1125 COUNTRY CLUB DRIVE NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KULOK, WILLIAM A 116 ECHO DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTLER, WILLIAM J 8525 EGRET MEADOW LANE WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 4/17/01 Daytime Phone #
--	------------------------------------

0013687 AF

CR2E083 (11/00)