

2003 UNIFORM BUSINESS REPORT (UBR)

0017849

DOCUMENT # N22301

1. Entity Name

FRIENDSHIP GAMES, INC.

Principal Place of Business

C/O P.O. BOX 69-3149-3393
MIAMI FL 33269

Mailing Address

C/O P.O. BOX 69-3149-3393
MIAMI FL 33269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0047154

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOM, JILLIAN
4300 SHERIDAN ST
#138
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name CHARLES INCJE

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

16499 N.E. 19 AVE. #213A

City N. Miami,

FL

Zip Code

33162

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	PRATT, CAROL HOPE	
STREET ADDRESS	1492 NW 196 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VT	Delete
NAME	THOM, JILLIAN	
STREET ADDRESS	4300 SHERIDAN ST #138	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	Delete
NAME	PELL, FRED	
STREET ADDRESS	6273 SW 72 ST #D6	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	ST	Delete
NAME	PEEL, FRED	
STREET ADDRESS	800 BRICKELL KPLAZA	
CITY-ST-ZIP	MIAMI FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change	Addition
NAME	OTTATOPHYLLIP		
STREET ADDRESS	10201 69th St		
CITY-ST-ZIP	Miami FL 33209		
TITLE		Change	Addition
NAME	GONZALEZ, JACQUE		
STREET ADDRESS	1492 NW 196th St		
CITY-ST-ZIP	Miami FL 33135		
TITLE		Change	Addition
NAME	McGILL, Lorette		
STREET ADDRESS	475 W 20th Ave		
CITY-ST-ZIP	Miami FL 33147		
TITLE		Change	Addition
NAME	PEEL, FRED		
STREET ADDRESS	6273 SW 72 St #D6		
CITY-ST-ZIP	Miami FL 33143		
TITLE		Change	Addition
NAME	JOYNER, OPA EB		
STREET ADDRESS	195 JACKSON STREET		
CITY-ST-ZIP	HOLLYWOOD FL 33020		
TITLE		Change	Addition
NAME	DIRECTOR		
STREET ADDRESS	CAROL HOPE		
CITY-ST-ZIP	1492 NW 196 Street		
	Miami FL 33169		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Hope Pratt, Director June 28, 2003

302/8

CR2E037 (4/02)

FILED

03 JUL -8 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE