2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
04-26-2001 90002 036 ***158.75

DOCUMENT # P00000009911

1. Entity Name
GAME-BORD.COM, INCORPORATED

Principal Place of Business	Mailing Address
17160 SW 94TH AVE., #604 BOX 571010 MIAMI FL 33157	17160 SW 94TH AVE., #604 BOX 571010 MIAMI FL 33157

[redacted]

DO NOT WRITE IN THIS SPACE

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: Applied For — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, HERVEL E
17160 SW 94TH AVE., #604
MIAMI FL 33157

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	WEST, HERVEL		NAME		
STREET ADDRESS	17160 SW 94TH AVE., #604		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	VD	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	WEST, DEANNE		NAME		
STREET ADDRESS	17160 SW 94TH AVE., #604		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	WEST, DWIGHT		NAME		
STREET ADDRESS	17160 SW 94TH AVE., #604		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	WEST, YVONNE		NAME		
STREET ADDRESS	17160 SW 94TH AVE., #604		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	WILSON, LISA		NAME		
STREET ADDRESS	17160 SW 94TH AVE., #604		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 46437
P00000009911

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
GAME-BOARD.COM INCORPORATED

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
17160 SW 94TH AVE, #604

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
MIAMI FL. 33157

5b City, state, and ZIP code

6 County and state where principal business is located
DADE, FLORIDA.

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 593-54-3976
HERVEL WEST

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☒ Other (specify) ▶ INTERNET CORPORATION
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☐ Other corporation (specify) ▶ ___
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ CORPORATION
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
01/24/2000

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . . . ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* . . . . ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ INTERNET TRIVIA

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Business (wholesale) ☒ Other (specify) ▶ WEB USERS/SURFERS ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
305-954-9590

Fax telephone number (include area code)
305-969-7649

Name and title (Please type or print clearly.) ▶ HERVEL WEST (President)

Signature ▶ Date ▶

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

Attachment 46437
#P00000009911

GAME BORD. CMM INCORPORATED
17160 S.W.94TH AVENUE#604
MIAMI FLORIDA 33157
PH. 305.254.9590 FX.969.7649

May 17th,2001

Florida Department Of State
Division Of Corporation
P.O.BOX 6327 Tallahassey Fl.32314.

Subject: GAME BORD.COM,INCORPORATED REF:#P00000009911
CAP; FEDERAL EMPLOYER IDENTIFICATION #

We regret the oversight on our part re the subject matter, we have moved to have the matter delt with, and are attaching herewith the suporting document in evidence.

Sincerely.

MERVL WEBT (President)

Attachment 46437
#P00000009911

GAME BORD. COM INCORPORATED
17160 S.W.94TH AVENUE #604
MIAMI FLORIDA 33177
PH.305 254.9590 FX.305.969.7649

TOTAL 3 Pages

May 17th, 2001

Department Of The Treasury
Internal Revenue Service.

Gentlemen:

RE; FORM SS-4 EMPLOYERS ID. NUMBER;FOR "GAMEBORD.COM. INC.

We are urgently in need of the subject Employers Identification Number for Banking and most important our Tax Return.

The attached letter from the Florida Department Of State speaks for itself.

Please fax the EIN; to ; 305 969 7649.we look forward to your most urgent attention.

Sincerely.

HERVEL WEST (President)