

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90155 030 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P0000059483  
 1. Entity Name:  
 BIGFOOT'S FAMILY FUN CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Office of Business  
 7821 NW 46th St.  
 State, Zip, & City: FL 333351 Broward

3. Mailing Address  
 8010 N. Univ Dr.  
 State, Zip, & City: FL 33321 Broward

DO NOT WRITE IN THIS SPACE

4. FEE No: 65-1030023  
 5. Confirmed Status:  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name: DAVID R. FARBSTEIN  
 Street Address (P.O. Box Number is Not Acceptable):  
 8010 N, Univ. Dr., 2nd Fl.  
 City: Tamarac FL Zip: 33321

8. Date of Annual or City Statute: *4/26/02*  
 Signature: *[Signature]*  
 Title: *ATE*

9. This corporation is eligible to receive its benefits under the provisions and subject to the conditions (See criteria on back)   
 January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$500.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State

10. Election to Participate in the Florida Turnpike Authority  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	P/D/S	TITLE	
NAME	IADICICCO, JOSEPH	NAME	
STREET ADDRESS	7821 NW 46th St.	STREET ADDRESS	
CITY-STATE-ZIP	Lauderhill, FL 33351	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not equalize the corporation under Section 19.01(2)(c) Florida Statutes. I further certify that the information included on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath by a sworn officer or director of the corporation. (The receiver of this report is not required to produce the report as required by Chapter 602, Florida Statutes, and the my name appears in block 13 on an annualized with an address, etc. all other information.)

**SIGNATURE:** *[Signature]* **DATE:** *4/26/02* **FILE NO:** *954 438-993B*

CR2E0348 (12/01)