2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063786

1. Entity Name

2PLAY CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 AM 11:39

Principal Place of Business	Mailing Address
218A E. EAU GALLIE BLVD SUITE # 134 INDIAN HARBOUR BEACH, FL 32937	

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
218A E. EAU GALLIE BLVD	SAME
Suite, Apt. #, etc.: SUITE #134	Suite, Apt. #, etc.
City & State: INDIAN HARBOUR BEACH, FL	City & State
Zip: 32937 Country: USA	Zip Country

4. FEI Number: 59-3663114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL W HAWKINS 1435 BROOK DR MELBOURNE, FL 32935	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: MICHAEL W HAWKINS PRESIDENT — 11/6/01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL	☐ Delete	PRESIDENT, VP, T MICHAEL W. HAWKINS 218A E. EAU GALLIE BLVD #134 INDIAN HARBOUR BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SECRETARY JASON DIETERLE 218A E EAU GALLIE BLVD #134 INDIAN HARBOUR BEACH, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100004703731--1 -12/04/01--01033--009 ****750.00 ****750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	11/29	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 10/5/01 321-432-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #