FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90739 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063786

1. Entity Name
2PLAY CORPORATION

DO NOT WRITE IN THIS SPACE

[redacted]

B0062084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1900 S. HARBOR CITY BLVD	
Suite, Apt. #, etc. 341	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State
Zip 32901 — Country USA	Zip — Country

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT + CEO	TITLE	
NAME	MICHAEL W HAWKINS	NAME	
STREET ADDRESS	1435 BROOK DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	JASON DIETERLE	NAME	
STREET ADDRESS	409 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-31-02 321-432-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #