

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078218

Entity Name
PLAY SAFE SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 10 PM 4:01

DO NOT WRITE IN THIS SPACE

100005598621--9

-05/23/02--01004--025

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4891 N.W. 103 AVE Suite, Apt. #, etc. #13 City & State SUNRISE, FLORIDA Zip 33351 Country U.S.A.		3. Mailing Address 4891 N.W. 103 AVE Suite, Apt. #, etc. #13 City & State SUNRISE, FLORIDA Zip 33351 Country U.S.A.	
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4. FEI Number 65-106-1387	Applied For Not Applicable
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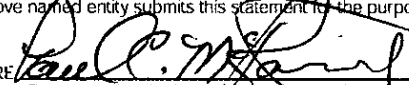
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAUL MCKAIN
Street Address (P.O. Box Number is Not Acceptable) 3300 N.W. 97 AVE
City SUNRISE FL Zip Code 33351

8. The above named entity submits this statement to 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.	PAUL C. MCKAIN (NOTE: Registered Agent signature required when reinstating)	5/7/02 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

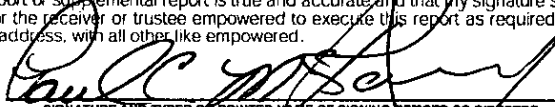
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT PAUL C. MCKAIN 3300 N.W. 97 AVE SUNRISE, FL. 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100005598621--9 -05/23/02--01004--026 *****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT MARK FRITZE 558 LAKESIDE CIRCLE SUNRISE, FL. 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER PAUL C. MCKAIN 3300 N.W. 97 AVE SUNRISE FL. 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY MARK FRITZE 558 LAKESIDE CIRCLE SUNRISE, FL. 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  5/7/02 954-261-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAUL C. MCKAIN

CR2ED34B (12/01)