FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 10 PM 4:01

DOCUMENT # P02000078218

Entity Name
PLAY SAFE SYSTEMS, INC.

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	3. Mailing Address
4891 N.W. 103 AVE	4891 N.W. 103 AVE
Suite, Apt. #, etc. #13	Suite, Apt. #, etc. #13
City & State SUNRISE, FLORIDA	City & State SUNRISE, FLORIDA
Zip 33351 Country U.S.A.	Zip 33351 Country U.S.A.

4. FEI Number 65-106-1387 ☐ 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 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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Paul C. McKain PAUL C. McKAIN 5/7/02
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
NAME	PAUL C. McKAIN
STREET ADDRESS	3300 N.W. 97 AVE
CITY-ST-ZIP	SUNRISE, FL. 33351
TITLE	VICE PRESIDENT
NAME	MARK FRITZE
STREET ADDRESS	558 LAKESIDE CIRCLE
CITY-ST-ZIP	SUNRISE, FL. 33326
TITLE	TREASURER
NAME	PAUL C. McKAIN
STREET ADDRESS	3300 N.W. 97 AVE
CITY-ST-ZIP	SUNRISE, FL. 33351
TITLE	SECRETARY
NAME	MARK FRITZE
STREET ADDRESS	558 LAKESIDE CIRCLE
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	100005598621--9
STREET ADDRESS	-05/23/02--01004--026
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CR2E084B (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: Paul C. McKain 5/7/02 954-261-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAUL C. McKAIN