2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000090172

Entity Name: PLAYSYSTEMS OF OCALA, INC.

FILED Apr 28, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7461-B SOUTH HIGHWAY 441 OCALA, FL 34480 **Current Mailing Address: New Mailing Address:** 7461-B SOUTH HIGHWAY 441 OCALA, FL 34480 US FEI Number: 59-3673153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: DUMONT, JAY A Name: 9500 SOUTH MAGNOLIA AVENUE Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: SVD Title: Title: () Delete () Change () Addition Name: DUMONT, JUDY A Name: 9500 SOUTH MAGNOLIA AVENUE Address: Address: OCALA, FL 34476 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition MACDONALD, RONALD CHAIRMA Name: Name: 461 S.HWY 441 Address Address: City-St-Zip: City-St-Zip: OCALA, FL 34480 US Title: () Delete Title: **TRES** () Change (X) Addition DUMONT, JAY Name: Name: Address: Address: 9500 S. MAGNOLIA AVE City-St-Zip: City-St-Zip: OCALA, FL 34476 US Title: Title: () Change (X) Addition () Delete Name: Name: DUMONT, JAY Address: Address: 9500 S.MAGNOLIA AVE City-St-Zip: City-St-Zip: OCALA, FL 34476 US Title: () Delete Title: PRES () Change (X) Addition Name: Name: DUMONT, JAY PRES 9500 S. MAGNOLIA AVE Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34476 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY A DUMONT PRES 04/28/2002