

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90087 039 \*\*\*150.00

**DOCUMENT # P00000109199**

**1. Entity Name**  
**PLAYING GAMES INTERACTIVE, INC.**



**Principal Place of Business**  
**8239 ULMERTON ROAD**  
**BUILDING B UNIT 9**  
**LARGO FL 33771**  
**US**

**Mailing Address**  
**P O BOX 10154**  
**LARGO FL 33773**  
**US**

**SAME**



**90000910**



**2. Principal Place of Business**  
**1340 HILLCREST AVE S**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**P.O. BOX 10154**  
**Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**CLEARWATER, FLORIDA**  
**Zip**  
**33756**  
**Country**  
**USA**

**City & State**  
**LARGO, FLORIDA**  
**Zip**  
**33773**  
**Country**  
**USA**

**4. FEI Number** **NOT APPLICABLE**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MCDONALD, ALAN**  
**8239 ULMERTON RD BLD B, UNIT 9**  
**LARGO FL 33771**

**7. Name and Address of New Registered Agent**

**Name** **MCDONALD, ALAN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1340 HILLCREST AVE. S.**  
**City** **CLEARWATER** **FL** **Zip Code** **33756**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 21, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **CEO** ☐ **Delete**  
**NAME** **MCDONALD, ALAN D**  
**STREET ADDRESS** **8239 ULMERTON ROAD**  
**CITY-ST-ZIP** **LARGO FL 33771** **ADDRESS CHANGE →**

**TITLE** ☐ **Delete**  
**NAME** **BRITANY MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO FL 33773**

**TITLE** ☐ **Delete**  
**NAME** **CHASE MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO FL 33773**

**TITLE** ☐ **Delete**  
**NAME** **BLAKE MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO FL 33773**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CEO** ☒ **Change** ☐ **Addition**  
**NAME** **MCDONALD, ALAN D.**  
**STREET ADDRESS** **1340 HILLCREST DR. S.**  
**CITY-ST-ZIP** **CLEARWATER FL 33756**

**TITLE** **VICE PRESIDENT** ☐ **Change** ☒ **Addition**  
**NAME** **BRITANY MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO, FL 33773**

**TITLE** **EXECUTIVE SECRETARY** ☐ **Change** ☒ **Addition**  
**NAME** **CHASE MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO, FL 33773**

**TITLE** **TREASURER** ☐ **Change** ☒ **Addition**  
**NAME** **BLAKE MCDONALD**  
**STREET ADDRESS** **7550 121 AVE. N.**  
**CITY-ST-ZIP** **LARGO, FL 33773**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-03 727 560 6899**

**Date**

**Daytime Phone #**

CR2E034 (10/02)