FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P01000001093
i. Entity Name	

PLAYERS HOLDINGS, INC.



FILEO SECRETARY OF STATE DIVISION OF CORPORATE 4

			03 JAN 17 AM II: 25			
DO N	IOT WRITE	IN THIS S	SPACE	4000101 01/17/0301075-	96904 006 **300.08	
2. Principal Place of Business 4216 N.W. 66th Avenue 3. Mailing Address 116 S.E. 6th Court						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
City & State Davie, F1		1736 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4. FEI Number 65–1066321	Applied For Not Applicable	
^{Zib} 33024	Country Broward	Zip Country		5. Certificate of Status Desired	\$9.75 4480	
100 miles		er i sere i se se se		7. Name and Address of Current Regist	iered Agent	
-	A NOT W	n	Name MIC	HAEL A. FISCHLER, ESQ.		
L	O NOT W	Klie	Charact A	A special spec		
	N THIS SP	ACF	- 1.10	S.E. otn Court = 1	S.E. 6th Court = /	
		AVE.			İ	
			City R+	Lauderdale	FL 33301	
8. The above named entit	y sylomits this statement for	the purpose of changing i	its registered office or regis	tered agent, or both, in the State of Florida.	am families with and accept	
the obligations of regist	leved agent.			and again, or some firms of the or morida. The	arii raminar willi, and accept	
SIGNATURE Signature, typed	or printed number fogustered again or		L A. FISCHLER	, ESQ. Januar	ry 13, 2003	
After May	ay 1 Fee is \$150.00 1, Fee is \$550.00 UBR is \$61.25 Florida Department of \$			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D					
TITLE D, P/			TITLE		7222	
	EL A. BUNKER		NAME.			
CITY-ST-7/P 4216	N.W. 66th Aver		STREET ADDRESS CITY ST-ZIP			
TITLE Davie	, Florida 330 2	24				
NAME			TITLE NAME			
STREET ADDRESS	DODGE TO THE PROPERTY OF THE P		STREET ADDRESS			
CITY-ST-ZIP			CITY ST ZIP			
TITLE			TILE .			
NAME CZDECT ADDRECH		-	NAME			
STREET ADDRESS CITY-ST-ZIP	•	للميم والمداديات أأجاد الم	STREET ADDRESS	DO NOT WE	DITE	
TITLE			CITY ST ZIP	PO NO! WI	VIL.	
NAME			TITLE NAME	IN THIS SPA	ICE	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CHY-ST-ZIP			
TITLE			TITLE			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS			
TITLE			CITY-ST-ZIP			
NAME			TITLE 18			
STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY ST-ZIP			
 I hereby certify that the indicated on this report of the corporation or the 	information supplied with the or supplemental report is the e receiver or trustee empoy	is filing does not qualify fo ue and accurate and that r vered to execute this repo	or the exemption stated in Si my signature shall have the ort as required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further of same legal effect as if made under oath; that 507, Florida Statutes; and that my name appears.	certify that the information I am an officer or director	

Jan. 13, 2003
Date Daytime Prione #