

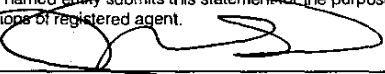
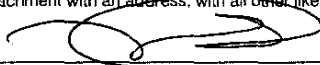


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90073 033 \*\*\*158.75

<b>DOCUMENT # P01000025964</b> 1. Entity Name <b>GAME ZONE, INC.</b>					
Principal Place of Business <b>9715 W BROWARD BLVD, STE 784 PLANTATION, FL 33324</b>			Mailing Address <b>9715 W BROWARD BLVD, STE 784 PLANTATION, FL 33324</b>		
2. Principal Place of Business <b>5041 S. SR7</b>		3. Mailing Address <b>5041 S. SR7</b>		 08102004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. <b>404</b>		Suite, Apt. #, etc. <b>404</b>			
City & State <b>Davie, Fl. 33314</b>		City & State <b>Davie, Fl.</b>			
Zip <b>33314</b>		Zip <b>33314</b>		4. FEI Number <b>65-1084052</b>	
Country <b>US</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>THOMAS, MICHELLE 12305 NW 1ST STREET PLANTATION, FL 33325</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <b>Michelle Thomas</b> <b>8/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMAS, MICHELLE 12305 NW 1ST STREET PLANTATION, FL 33325</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 empowered.					
SIGNATURE: 			<b>8/10/04</b> <b>954-585-9663</b> <small>Date Daytime Phone #</small>		