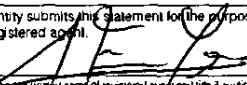


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 019 ***158.75

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

DOCUMENT # P01000041708		
1. Entity Name THUNDERGAME CORPORATION		
Principal Place of Business 1328 NW 81 AVENUE PLANTATION, FL 33322		Mailing Address 1876 N UNIVERSITY DR SUITE 1010 PLANTATION, FL 33322
2. Principal Place of Business 6289 Sunrise Blvd Suite, Apt. #, etc. 258		3. Mailing Address 1011 NW 74 Way Suite, Apt. #, etc.
City & State Sunrise Fla		City & State Hollywood FL
Zip 33313	Country FL	Zip 33024
4. FEI Number 65-1104829		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LISCANO, JOSE F 1328 NW 81 AVENUE PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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  DATE _____ Signature of officer (Printed name of registered agent and life is applicable) (NOTE: Registered Agent's signature required when resigning)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Delete NAME LISCANO, JOSE F STREET ADDRESS 1328 NW 81 AVENUE CITY-ST-IP PLANTATION, FL 33322		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-IP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-IP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-IP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-IP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-IP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-IP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-IP
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:  JOSE LISCANO 04-29-03 Signature and Printed Name of Signing Officer or Director Date Daytime Phone		

80113130

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)