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

80113130

1. Entity Name
THUNDERGAME CORPORATION

Principal Place of Business
1328 NW 81 AVENUE
PLANTATION, FL 33322

Mailing Address
1876 N UNIVERSITY DR
SUITE 101D
PLANTATION, FL 33322

2. Principal Place of Business	3. Mailing Address
6289 Sunrise Blvd	1011 NW 74 Way.
Suite, Apt. #, etc. 258	Suite, Apt. #, etc.
City & State Sunrise ~~Blvd~~	City & State Hollywood FL.
Zip 33313. Country FL	Zip 33024. Country USA.

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1104829 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LISCANO, JOSE F 1328 NW 81 AVENUE PLANTATION, FL 33322	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 ____________________
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LISCANO, JOSE F 1328 NW 81 AVENUE PLANTATION, FL 33322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #