## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am § Secretary of State P01000053371 DOCUMENT # 1. Entity Name PLAYIMAGE, INC. 05-13-2002 90128 031 \*\*\*150.00 Principal Place of Business Mailing Address 209 HENDRICKS ISLE 209 HENDRICKS ISLE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 2684 NW 42 Suite Apt # etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-115 1849 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4 SA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURUCHIAN, ROBERT SR Street Address (P.O. Box Number is Not Acceptable) 209 HENDRICKS ISLE FT LAUDERDALE FL 33301 57 Zip Code <u> 33434</u> 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 hian JR. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE XX Change ☐ Addition Buruchian, Robert Sr. NAME BURUCHIAN, ROBERT SR. 111 NEB300 AVENUE NAME STREET ADDRESS 209 HENDRICKS ISLE STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP EX LAUDGEPILE FL 33301 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** JOHNSON, JOYCE M NAME NAME BURUCHIAN, Robert JR. 209 HENDRICKS ISLE STREET ADDRESS STREET ADDRESS 2684 NW 42 NO ST. FT LAUDERDALE FL 33301 CITY-ST-ZIP BOCA RATION FL TITLE -☐ Delete TID F Addition ☐ Change NAME NAME BURNCHIAN JANCY STREET ADDRESS STREET ADDRESS 2684 NW 42 NO ST. CITY-ST-ZIP CITY-ST-7IP 33434 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF