

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-05-2003 90367 037 ***150.00

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

DOCUMENT # P01000062165

1. Entity Name
GAME OVER. ENTERTAINMENT, INC.



Principal Place of Business
2360 NW 78 STREET
MIAMI FL 33147

Mailing Address
2360 NW 78 STREET
MIAMI FL 33147

55050253

2. Principal Place of Business
2360 N.W. 78 ST.
Suite, Apt. #, etc.

3. Mailing Address
2360 N.W. 78 ST.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL.
Zip 33147
Country U.S.A.

City & State
MIAMI FL.
Zip 33147
Country U.S.A.

4. FEI Number 04-3763829
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
ADAMS, LARRY SR
2360 NW 78 STREET
MIAMI FL 33147

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 _____
(NOTE: Registered Agent 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

TITLE PT
NAME ADAMS, LARRY JR
STREET ADDRESS 2360 NW 78 STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE V
NAME EDWARDS, MARC
STREET ADDRESS 2360 NW 78 STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE S
NAME ADAMS, SABRINA
STREET ADDRESS 2360 NW 78 STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Larry Adams Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-441-7433

Daytime Phone #

CR2034 (10/02)