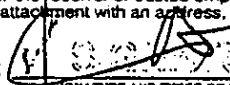


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93595 040 ***150.00

| | | | |
|---|---|---|---------|
| DOCUMENT # P01000118609 | | | |
| 1. Entity Name POWER PLAY FUND I, INC. ✓ | | | |
| Principal Place of Business 2655 N OCEAN DR. STE 500 SINGER ISLAND FL 33404 | | Mailing Address 2655 N OCEAN DR. STE 500 SINGER ISLAND FL 33404 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 01-0575128 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FIDES, RICHARD J 215 N EOLA DR ORLANDO FL 32801 | | 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. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) XX | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | D <input type="checkbox"/> Delete | | |
| NAME | WITA, BRIAN B N | | |
| STREET ADDRESS | 2655 N OCEAN DR, STE 500 | | |
| CITY- ST- ZIP | SINGER ISLAND FL 33404 | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
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| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)