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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004901

1. Entity Name
S.M.V. CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
10430 N.W. 19TH STREET PEMBROKE PINES, FL 33026	10430 N.W. 19TH STREET PEMBROKE PINES, FL 33026

2. Principal Place of Business		3. Mailing Address	
2941 NW 68 ST		2941 NW 68 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE, FL		City & State: FT. LAUDERDALE, FL	
Zip: 33309	Country: USA.	Zip: 33309	Country: U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 26-0017738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERES, STEVEN M M 10430 NW 19 STREET PEMBROKE PINES, FL 33026	Name: GAME STATION, INC. Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 369 109 LEFFINGWELL DRIVE ORWELL OHIO 44076

9. 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: M. Jean LeRoy

[illegible] DATE

8. 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	PRES VERES, STEVEN M 10430 N.W. 19TH STREET PEMBROKE PINES, FL 33026	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. M. JEAN LEROY BOX 369 109 LEFFINGWELL DR ORWELL, OHIO 44076	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E031 (10/02)

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11/12/03--01075--005 **65.00

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: M. Jean LeRoy — 440-432-9282

[illegible] Date Daytime Phone #