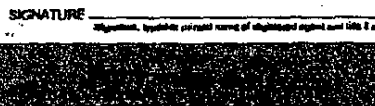
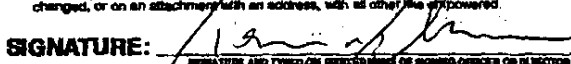


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031346			
1. Entity Name PLAYHOUSE INTERNATIONAL INC.			
Principal Place of Business 6715 POWER AVE., SUITE 6 JACKSONVILLE, FL 32217		Mailing Address 6715 POWER AVE., SUITE 6 JACKSONVILLE, FL 32217	
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 03-0418108		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUSTIN, SHOMARA 325 WEST 26TH ST. JACKSONVILLE, FL 32216		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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(c), 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: 		DATE	

80114744

DEPARTMENT OF STATE

CR26034 (10/02)