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

## FILED Jun 04, 2003 8:00 am Secretary of State

05-02-2003 90115 034 \*\*\*150.00

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1. Entity Nan	JMENT # P0200 me BAY BINGO, INC.	00125008			03 02-20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 1	20.00	
Principal Place of Business Mailing Address 8625 WEST HILLSBOROUGH AVENUE PO BOX 261776 TAMPA FL 33615-3810 TAMPA FL 33685-1776					55046163				
Principal Place of Business     3. Mailing Address						Pani aran mara m		IRINI IRIN (RD)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 2304	432		oplied For ot Applicable	7
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Add		
·		Registered Agent			7. Name and Address of Nev	Registered Ag	ent		7
يد عصدت الميد لينت			Name				~		7~
LOPEZ, AL JR. 4600 WEST CYPRESS STREET			Street	Address (P.	address (P.O. Box Number is Not Acceptable)				1
SUITE 50		•	<del> </del>						1
( , ••	L 33607-4093	· · ·			<u> </u>				1
IAMPA FL	L 3360/~4093		City			FL	Zip Code	9	ı
8. The above	e named entity submits this statement for	or the purpose of changing its r	registered office	or registered	agent, or both, in the State of	Florida, I am far	nillar with,	and accept	1
the obligat	itions of registered agent.							·	
	•								
SIGNATURE									
· .	Signature, typed or printed nume of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required wi	hen reinstating)	DATE			
F	Stratus, typed or printed name of registered open FILE NOW!!! FEE IS \$150,00 or May 1, 2003 Fee will be \$550.00		Registered Agent sign	ature required wi	9. Election Campaign	Financing		O May Be	
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12. I hereby certify that the information supplied with this filling 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:

IN PRINTED JUSTILE OF SIGNING OFFICER OR DIRECTOR

7-50-03 Date

Oavtime Phone #