

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

10f2

FILED  
05 JAN 27 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005 RE 01-05 CR2E098 (6/04)

<b>DOCUMENT # P03000107222</b> 1. Entity Name <b>WHAT'S YOUR GAME?, INC.</b>					
Principal Place of Business <b>1511 GARDEN ROAD WESTON, FL 33327 US</b>			Mailing Address <b>1511 GARDEN ROAD WESTON, FL 33327 US</b>		
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 <b>65-1206642</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>PAPPROTH, LEONARD E 1511 GARDEN ROAD WESTON, FL 33327</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAPPROTH, LEONARD E</b> <b>1511 GARDEN ROAD</b> <b>WESTON, FL 33327</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAPPROTH, LEONARD E</b> <b>16171 Blatt Blvd. #402</b> <b>WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600046018806</b> <b>02/04/05--01013--025</b> <b>**300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Leonard E. Papproth</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/25/05</b> <b>954-513-5141</b> <small>Date Daytime Phone #</small>		

5

20f2

WHAT'S YOUR GAME?, INC.  
16171 Blatt Blvd. #402  
WESTON, FL 33326

January 13, 2005

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: 2005 Reinforcement Annual Report

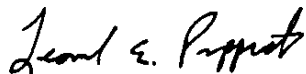
Dear Sir or Madam:

Enclosed please find my company's 2005 reinforcement report and a payment of \$300 for my Annual Report of 2004 & 2005.

I would like to ask you to exempt a \$600 reinforcement fee as I did not receive the prior notices regarding this matter. Like a lot of businesses in FL, in the past year, my company's business has also suffered from the destructions of 4 hurricanes and at the top of it, my CPA accountant Olga Grosse had passed away from cancer after all the hurricanes disaster. I was totally unaware of filling my annual report on time during all the crisis. Therefore, I request your kind consideration to waive the fee for me.

Thank you.

Sincerely,



Leonard Papproth  
President