

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT



04-26-2004 90537 036 \*\*\*150700

P03000123662

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 19 AM 8:00

<b>DOCUMENT # P03000123662</b> 1. Entity Name <b>PLAYCOMM, INC.</b>					
Principal Place of Business <b>P.O. BOX 23281 FT. LAUDERDALE, FL 33307 US</b>			Mailing Address <b>P.O. BOX 23281 FT. LAUDERDALE, FL 33307 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>86-1086797</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOWENSTEIN, ADAM 1 LAS OLAS CIRCLE 1507 FT. LAUDERDALE, FL 33316</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 \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>Lowenstein, Adam</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1 LAS OLAS CIRCLE #1507</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE _____ 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/5/04</b>		Daytime Phone # <b>754-221-8849</b>

per Adam Lowenstein  
5/19/04  
MRS