

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90254 010 ***158.75

| | | | |
|--|---------|--|---------|
| DOCUMENT # P03000128370 | | | |
| 1. Entity Name JACK POT AMUSEMENT, INC. | | | |
| Principal Place of Business 265 S TAMiami TRIAL NOKOMIS FL 34275 | | Mailing Address 265 S TAMiami TRIAL NOKOMIS FL 34275 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



34030941



MOORE CR2E034 (11/03)

| | | | |
|--|--|--|--|
| 4. FEI Number 061713287 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MELLOR, JOHN | | | NAME | | | |
| STREET ADDRESS | 265 S TAMiami TRIAL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOLLEY, LINDA | | | NAME | | | |
| STREET ADDRESS | 265 S TAMiami TRIAL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CORNUE, MYRA | | | NAME | | | |
| STREET ADDRESS | 265 S TAMiami TRIAL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CORNUE, GEORGE | | | NAME | | | |
| STREET ADDRESS | 265 S TAMiami TRIAL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: JOHN MELLOR Date: 4-5-04 (214) 497-0151