

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90327 027 ***158.75

DOCUMENT # P03000145597 1. Entity Name INTERACTIVE GAMES, INC.			
Principal Place of Business 225 MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432 US		Mailing Address 225 MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432 US	
2. Principal Place of Business 3400 McIntosh Rd Suite, Apt. #, etc. F20		3. Mailing Address P.O. BOX 22687 Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33316 Country USA		Zip 33335 Country USA	
4. FEI Number 200447094		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, B. MICHAEL 225 MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Friedman, B Michael Street Address (P.O. Box Number is Not Acceptable) 3400 McIntosh Rd, F20 City Hollywood FL Zip Code 33316	
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 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P.D FRIEDMAN, B. MICHAEL 225 MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3400 McIntosh Rd, F20 Hollywood FL, 33335
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
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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		Date 4/12/04 Daytime Phone # 561-212-4849	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			