FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporation	MENT # P9300	00046020 (2))			
PLAY	TIME ENTERTAINMENT IN	IC.			A 1041(64) AAN INIOS AINII NOAKA T	IONN BRAN AANK BIDIR TINN BRAND JARN BRAN IOD
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,	
3624 N APOPKA VINELAND ROAD 3624 N APOPKA VINELA ORLANDO FL 32818 ORLANDO FL 32818 US US			and road			
US		00			 Date Incorporated or Qualified 06/25/1993 	3a. Date of Last Report 03/07/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3192932	Applied For
Suite, Apt.	# plc	Suite, Apt. #, etc.		 · · · · · · · · · · · · · · · · · ·		Not Applicable \$8.75 Additional
22	н, бю.	27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28	Country		This corporation has liability for	Added to rees
24	25	29	30		Florida Statutes Ye	es No
	g, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New	Registered Agent
LOBATE OFOROE M				Address (P.O. Box Number is Not Accept	able)	
3624 N APOPKA VINELAND ROAD ORLANDO FL 32818			82	Street A	address (P.O. Box Number is Not Accept	able,
			83			
!			84	City		FL 85 Zip Code
11 Durayant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statutes	the above-r	named co	reporation submits this statement for the c	
or registe	ered agent, or both, in the State of Flo	rida. Such change was authorized ction 607.0505. Florida Statutes.	by the corp	oration's I	rporation submits this statement for the p board of directors. I hereby accept the ap	ppointment as registered agent. I am
SIGNATURE	inch, a la cossept to a congruence on, a c					
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE ND DIRECTORS	Registered Ager	nt signature re	aquired when renstating) ADDITIONS/CHANGES TO OF	DATE FFICERS AND DIRECTORS IN 12
12. TITLE	PST OFFICERS AI	DELETE	1. 1 TITLE	Т	ADDITIONS/OFFANGES TO OF	Change Addition
NAME	ASBATE, GEORGE M		1.2 NAME			
STREET ADDRESS	COOL AL ADODY A MAIEL AND DOAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP		
TITLE	VP		2 1 11111.6		7	Change 🔲 Addition
NAME	NOTES, DAWN 3624 N APOPKA VINELAND ROAD		2 2 NAME	. YDDBEGG	NOYES, DAWN	
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL		2.4 C(TY-\$T-ZIP		3	
TITLE	VP	DELETE	3 1 TITLE			Change Addition
NAME	ASBATE, EMILIE		3 2 NAME	1	,	
STREET ADDRESS			3.3, STREE	T ADDRESS		
CITY-ST-ZIP	SUNRISE FL DELETE		3.4 CITY-5	ST - ZIP		Change Addition
TITLE	V. P. DELETE WOOD, Allen 3624 N. APOPKA VINETAND ROAD OKLANDO FL.		4 1 TITLÉ 4.2 NAME			Change Addition
NAME STHEET ADDRESS	WOOD, Allen	LIMETAND ROMI)		T ADDRESS		
CITY-ST-ZIP	3624 N. APOPKA	VIIVE IIIVO I VI	4.4 CITY-1			
TITLE	UNEUVOU I EI	☐ DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CHTY-ST-ZIP			5.4 CITY -	ST-ZIP		Chases Additi
TITLE		☐ DELETE	6. 1 TITLE	Į		Change Addition
NAME	}		6.2 NAME		1	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the corpor

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TREST OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-2955667