

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90019 009 ***150.00

0101 R01 AV

DOCUMENT # P93000046020

1. Entity Name

PLAY TIME ENTERTAINMENT INC.

Principal Place of Business

**6790 EDGEWATER COMMERCE PARKWAY
 ORLANDO FL 32810
 US**

Mailing Address

**6790 EDGEWATER COMMERCE PARKWAY
 ORLANDO FL 32810
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6235 EDGEWATER DR.

3. Mailing Address

6235 EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL.

FL.

City & State
Orlando FL.

FL.

4. FEI Number

59-3192932

Applied For

Not Applicable

Zip
32810

Country
USA

Zip
32810

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASBATE, GEORGE M
 3624 N APOPKA VINELAND ROAD
 ORLANDO FL 32818**

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 * (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST ☐ Delete
 NAME
ASBATE, GEORGE M
 STREET ADDRESS
3624 N APOPKA VINELAND ROAD
 CITY-ST-ZIP
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VP ☐ Delete
 NAME
NOYES, DAWN
 STREET ADDRESS
3624 N APOPKA VINELAND ROAD
 CITY-ST-ZIP
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VP ☐ Delete
 NAME
ASBATE, EMILIE
 STREET ADDRESS
11361 NW 29 PLACE
 CITY-ST-ZIP
SUNRISE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VP ☒ Delete
 NAME
WOOD, ALLEN
 STREET ADDRESS
3624 N APOPKA VINELAND RD
 CITY-ST-ZIP
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VP ☐ Delete
 NAME
WILLIAMS, JAMES
 STREET ADDRESS
1000
 CITY-ST-ZIP
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED GEORGE ASBATE

1/7/2002

407-290-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)