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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000068866

1. Corporation Name
 UNITED GAME SOURCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 232 E. EAU GALLIE BLVD. UNIT 103/104 INDIAN HARBOUR BEACH FL 32937 US
 Mailing Address: 232 E. EAU GALLIE BLVD. INDIAN HARBOUR BEACH FL 32937 US

3. Date Incorporated or Qualified: 09/27/1993
 4. FEI Number: 59-3204315
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 254 E. EAU GALLIE BLVD. 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 PO Box 244 27 Suite, Apt. #, etc.
 23 City & State: INDIAN HARBOUR BEACH FL 28 MARLTON N.J.
 24 Zip: 32937 25 Country: US 29 Zip: 08053 30 Country: US

9. Name and Address of Current Registered Agent
 MARY ELLEN T. LONG
 469 SHERIDAN AVENUE
 SATELLIE BEACH FL 32937

10. Name and Address of New Registered Agent
 81 Name: JAMES J. PETERSON
 82 Street Address (P.O. Box Number is Not Acceptable): 1348 HILIAS ST. NW
 83
 84 City: PALM BAY FL 85 Zip Code: 32907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *James J. Peterson* - JAMES J. PETERSON 3/10/99
(NOTE - Registered Agent Signature reqd. (not when reinstating) DATE)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PM	<input type="checkbox"/>
NAME	PETERSON, JAMES J	
STREET ADDRESS	1348 HILIAS ST NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/>
NAME	LONG, MARY E	
STREET ADDRESS	469 SHERIDAN AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/>
NAME	LONG, JORY L.	
STREET ADDRESS	469 SHERIDAN AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	S	<input checked="" type="checkbox"/>
NAME	STIMUS, DEANNA	
STREET ADDRESS	1194 BAY DR EAST	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME	GAUVIN, ARTHUR W.		
43 STREET ADDRESS	181 ANDALUSIA RD.		
44 CITY-ST-ZIP	PALM BAY, FL 32957		
51 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52 NAME	LUNDEN, CHRISTOPHER		
53 STREET ADDRESS	313 HAVERFORD CR. NE		
54 CITY-ST-ZIP	PALM BAY FL 32937		
61 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62 NAME	HJELM, JESSE		
63 STREET ADDRESS	300 COLUMBIA DR.		
64 CITY-ST-ZIP	CAPE CANAVERAL FL 32920		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. Peterson* - JAMES J. PETERSON 3/10/99 407-779-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (11/98)