2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an at

SIGNATURE

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P94000015273 1. Entity Name BHL GAMING CONSULTANTS, INC. Principal Place of Business Mailing Address 300 RACQUET CLUB RD. 300 RACQUET CLUB RD. STE. 101 FT LAUDERDALE FL 33326 STE. 101 FT LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0518145 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGE, BERNARD Street Address (P.O. Box Number is Not Acceptable) 300 RAQUET CLUB RD SUITE 101 FT LADUERDALE FL 33326 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete THE Change Addition THE U00000322243 LANGE, DOROTHY D NAME NAME 04/22/05-80006-012 150.00 STREET ADDRESS 300 RACQUET CLUB RD STE 101 STREET ADDRESS FT LAUDERDALE FL 33326 CITY-ST-7P City-St-7tP VPD ☐ Delete Tell F Change Addition Tillé LANGE, DAVID A NAME NAME 300 RACQUET CLUB RD STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33326 CITY-ST-7/P ☐ Delete TOBE Change Addition TITLE STD NAME MAME LANGE, DORIAN T STREET ADDRESS STREET ADDRESS 3000 RACQUET CLUB RD., STE 101 CITY-ST-7IP CITY-ST-2IP FT LAUDERDALE FL 33326 Delete HILE ☐ Change ☐ Addition THEF NAME NAME SURFEL ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THEF ☐ Change ■ Addition THE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP DILLE ☐ Delete THUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST-7# 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 eceiver 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

ess, with all other like empowered.

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