FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048484 (7)

1. Corporation Name
BINGO MAGIC, INC.

Principal Place of Business
525 SW CAROLINE STREET
MILTON FL

Mailing Address
525 SW CAROLINE STREET
MILTON FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6495 Huy 90 ~~Suite 5 Milton~~
Suite, Apt # etc.
22 Suite 5
City & State
23 Milton, Florida
Zip
24 32570
25 Country

2a. Mailing Address
26 6495 Huy 90 ~~Suite 5 Milton~~
Suite, Apt #, etc.
27 Suite 5
City & State
28 Milton, FL
Zip
29 32570
30 Country

4. FEI Number: 59-3251190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HELFERT, KENNETH
525 W CAROLINE ST
MILTON FL

10. Name and Address of New Registered Agent

81 Name: William Hubbard
82 Street Address (P.O. Box Number is Not Acceptable): 6495 Huy 90
83 Suite #5
84 City: Milton FL 85 Zip Code: 32570

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: X William W. Hubbard as President — 5-3-95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President	☐ Change ☑ Addition
NAME		1.2 NAME	William Hubbard	
STREET ADDRESS		1.3 STREET ADDRESS	651 Malaga Place	
CITY ST ZIP		1.4 CITY ST ZIP	Panama City, FL 32413	
TITLE		2.1 TITLE		☐ Change ☑ Addition
NAME		2.2 NAME	Ellen Benson	
STREET ADDRESS		2.3 STREET ADDRESS	23 Nancy Circle	
CITY ST ZIP		2.4 CITY ST ZIP	Eddison, NJ 08817	
TITLE		3.1 TITLE		☐ Change ☑ Addition
NAME		3.2 NAME	Timothy Cockrell	
STREET ADDRESS		3.3 STREET ADDRESS	6187C Woodard Way	
CITY ST ZIP		3.4 CITY ST ZIP	Milton, FL 32570	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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 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.

SIGNATURE: Timothy J. Cockrell — April 13, 95 — 904-626-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0391483 CP