

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<div style="border: 1px solid black; padding: 5px;"><b>DOCUMENT # P94000088728</b> 1. Entity Name <b>RESORTS VENDING, INC.</b></div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Jan 22, 2007 08:00</b> <b>Secretary of State</b></div>	
<div style="border: 1px solid black; padding: 5px;"><b>Principal Place of Business</b> 3101 N. HWY A1A MELBOURNE, FL 32903</div>		<div style="border: 1px solid black; padding: 5px;"><b>Mailing Address</b> 3101 N. HWY A1A MELBOURNE, FL 32903</div>	
<b>DO NOT WRITE IN THIS SPACE</b>		<div style="border: 1px solid black; padding: 5px;"> 01082007    No Chg-P    CR2E034 (11/05)</div>	
		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>59-3286237</b></div><div>Applied For Not Applicable</div></div>	
		<div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>	
<b>6. Name and Address of Current Registered Agent</b>  BALLAUER, JOHN 3101 N. HWY A1A MELBOURNE, FL 32903		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<div style="display: flex; justify-content: space-between;"><div>9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/></div><div><b>\$5.00</b> May Be Added to Fees</div></div>	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>U000000593745 01/22/07-80044-004 150.00</div><div><b>DO NOT WRITE IN THIS SPACE</b></div></div></div>	
<div style="display: flex;"><div style="width: 10%;"><small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small></div><div style="width: 90%;"><b>D TELEMACHOS, NICHOLAS 3101 N. HWY A1A MELBOURNE, FL 32903</b></div></div>			
<div style="display: flex;"><div style="width: 10%;"><small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small></div><div style="width: 90%;"><b>D BALLAUER, JOHN 3101 N. HWY A1A MELBOURNE, FL 32903</b></div></div>			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE</b>		<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>	