

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90101 009 \*\*\*150.00

DOCUMENT # P94000090291  
1. Entity Name  
JOKERS Wild AMUSEMENTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6101-90th AVE NO.  
Suite, Apt. #, etc.

3. Mailing Address  
6101-90th AVE NO.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST. PETE FLORIDA  
Zip  
33782  
Country  
PINELLAS

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ST. PETE, FLORIDA  
Zip  
33782  
Country  
PINELLAS

4. FEI Number  
59-3318065  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JOSEPH CASA  
Street Address (P.O. Box Number is Not Acceptable)  
6101-90th AVENUE NORTH  
City  
PINELLAS PARK FL Zip Code  
33782

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] DATE 4/30/02  
(NOTE: Registered Agent signature required when reappointing)

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT/DIRECTOR</u> <u>JOSEPH CASA</u> <u>6101-90th AVE NO</u> <u>PINELLAS PARK, FL 33782</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/30/02 DAYTIME PHONE # 727-415-3127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)