FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000023654

1. Corporation Name: FLORIDA Player INC.

Principal Place of Business / Mailing Address: 9990 S.W. 77 AVE #207 MIAMI FL. 33156

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 9990 SW. 77 AVE
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 207
City & State 23 MIA. FL.	City & State 28 MIAMI FL.
Zip 24 33156 · Country 25 U.S.	Zip 29 33156 · Country 30 U.S.

3. Date Incorporated or Qualified: MARCH 23, 1995
3a. Date of Last Report:
4. FEI Number: 65-0573577 ☐ 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
Thomas Undorfer
9990 S.W. 77 AVE #207
MIAMI, FL. 33156

10. Name and Address of New Registered Agent
81 Name: THomas Undorfer
82 Street Address (P.O. Box Number is Not Acceptable): 9990 S.W. 77 AVE #207
83 MIAMI, FL.
84 City FL 85 Zip Code 33156

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: [signature] DATE: 5-1-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Secretary ☒ DELETE
NAME	MARYBeth BRennan SHeinbaum
STREET ADDRESS	100 N.W. 37 AVE
CITY-ST-ZIP	MIAMI FL. 33125
TITLE	President + Secretary ☒ DELETE
NAME	Karen H. Tobin
STREET ADDRESS	100 N.W. 37 AVE
CITY-ST-ZIP	miami FL. 33125
TITLE	Vice President ☒ DELETE
NAME	Richard Tobin
STREET ADDRESS	100 N.W. 37 AVE
CITY-ST-ZIP	miami, FL. 33125
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PResident + Secretary ☒ Change ☐ Addition
1.2 NAME	THomas Undorfer
1.3 STREET ADDRESS	9990 S.W. 77 AVE #207
1.4 CITY-ST-ZIP	Miami, FL. 33156
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: [signature] 5-1-96 305-595-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CS 5/1/96