

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 22 PM 3:36

DOCUMENT # **P95000073615**

1. Corporation Name  
**BINGO TV, INC.**

~~W 23245~~

Principal Place of Business  
**8972 Quivoccosin Rd.  
Suite 2000**

Mailing Address  
**8972 Quivoccosin Rd.  
Suite 2000**

**REINSTATEMENT**

**99-00**

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |                                  |  |   |  |
|--------------------------------|--|------------------------|--|----------------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number                    |  | Applied For   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | APPLIED FOR                      |  | Not Applicable  |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired |  | 8.75 Additional Fee Required  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing   |  | 5.00 May Be Added to Fees   |  |
| 24 Country                     |  | 29 Country             |  | Trust Fund Contribution          |  | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
| 25                             |  | 30                     |  | Yes                              |  | No  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                             |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| HOWARD MARKS<br>% Graham, Clark, Pratt, Bailor & Marks<br>369 New York Ave. |  |  |  | 81 Name   |  |  |  |
| WINTER PARK, FLA. 32789   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL 85 Zip Code  |  |  |  |

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:

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |  |
|----------------------------|-----------------------|---------------------------------|--|---|---|--|--|
| TITLE                      | PRESIDENT & CEO       | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | STEPHEN SCHRIEBERG    |                                 |  | 1.2 NAME  | 000003496530--1   |  |  |
| STREET ADDRESS             | 2956 Hawthorn Rd.     |                                 |  | 1.3 STREET ADDRESS                                    | -12/12/00--01027--007   |  |  |
| CITY-ST-ZIP                | Richmond, VA. 23225   |                                 |  | 1.4 CITY-ST-ZIP                                       | ****900.00 ****900.00   |  |  |
| TITLE                      | Secretary-Treasurer   | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | STEPHEN SCHRIEBERG    |                                 |  | 2.2 NAME  |   |  |  |
| STREET ADDRESS             | 2956 Hawthorn Rd.     |                                 |  | 2.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | Richmond, VA. 23225   |                                 |  | 2.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | Director              | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | STEPHEN SCHRIEBERG    |                                 |  | 3.2 NAME  |   |  |  |
| STREET ADDRESS             | 2956 Hawthorn Rd.     |                                 |  | 3.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | Richmond, VA. 23225   |                                 |  | 3.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      | Chairman of the Board | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | STEPHEN SCHRIEBERG    |                                 |  | 4.2 NAME  |   |  |  |
| STREET ADDRESS             | 2956 Hawthorn Rd.     |                                 |  | 4.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                | Richmond, VA. 23225   |                                 |  | 4.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |                                 |  | 5.2 NAME  |   |  |  |
| STREET ADDRESS             |                       |                                 |  | 5.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                       |                                 |  | 5.4 CITY-ST-ZIP                                       |   |  |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                       |                                 |  | 6.2 NAME  |   |  |  |
| STREET ADDRESS             |                       |                                 |  | 6.3 STREET ADDRESS                                    |   |  |  |
| CITY-ST-ZIP                |                       |                                 |  | 6.4 CITY-ST-ZIP                                       |   |  |  |

14. 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 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, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)