

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096538 (0)**

1. Corporation Name

**ANCIENT GAMES BY NSP, INC.**

Principal Place of Business

**1731 COSTA DEL SOL  
BOCA RATON FL 33432**

Mailing Address

**1731 COSTA DEL SOL  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1996**

4. FEI Number

**65-0538255**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

**21 1721 Avenida Del Sol**

Suite, Apt. #, etc.

**22**

City & State

**23 Boca Raton FL**

Zip

**24 33432**

Country

**25 USA**

2a. Mailing Address

**26 1721 Avenida Del Sol**

Suite, Apt. #, etc.

**27**

City & State

**28 Boca Raton FL**

Zip

**29 33432**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**HAUPT, STEVIN M  
293 NW 64TH STREET  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

**81** Name

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
HAUPT, STEVIN M  
STREET ADDRESS  
293 NW 64TH STREET  
CITY-ST-ZIP  
BOCA RATON FL 33487**

TITLE ☐ DELETE

**D  
NAME  
HAUPT, PANAGIOTA  
STREET ADDRESS  
293 NW 64TH STREET  
CITY-ST-ZIP  
BOCA RATON FL 33487**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

*Stevin M. Haupt*

**2/20/98**

**561-394-1855**

CR2E034 (10/97)