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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P9600000330 (6)

FILED May 07 1998 8:00am Secretary of State

DIG GAME SP	Onto, INC.					 		
Principal Place of Business Mailing Address						- I IDDIIODA AID EBILD DIAN DOME BATAL BRAIL ADAM DOME BUIDD ANG ANN DOME		
3942 TYRONE BLVD. N. ST.PETERSBURG FL 33710 US		3942 TYRONE BLVD. N. ST.PETERSBURG FL 33710 US				DO NOT WRITE IN THIS	S SPACE	
·						 Date Incorporated or Qualified 12/26/1995 		
2. Principal Place of Business		2a. Mailing Ad	a, Mailing Address			4. FEI Number 59-3366666		Applied For Not Applicable
Suite, Apt #. etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
Crty & State		City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution	•	•
Zip 4	Country 25	2ip 29	30	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent yea	r Intangible
g. Nai	me and Address of Cu	rrent Registered Agen	t			10. Name and Address of New Registered	Agent	
	on, theodore r e	SQUIRE		81	Name			
1172 BROW Suite B	NELL ST.			82	Street Add	12/26/1995 4. FEI Number Applied For Not Applied For Not Applied For S9-3366666 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Strust Fund Contribution Added to Fees Regulary Private Fund Contribution Regulary Private Fund Co		
CLEARWAT	ER FL 34616							
				84	City	F	85	Zip Code
Office of redistered	adent or both, in the 5	.0502 and 607 1508, Flo State of Florida. Such cha bligations of, Section 60	ance was authorize	ส ธง	the comoral	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changi pointmen	ng its registered t as registered

SIGNATURE	Signature, typind or printed name of regordered agent and title if ap				
12.	OFFICERS AND DIRECTO		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	DC IN 10
TITLE	PST	DELETE	1 1 TITLE	Change	Addition
NAME	PATRANELLA, CHARLES J		1.2 NAME	The state of the s	
STREET ADDRESS	2116 DOLPHIN BLVD. S.		13 STREET ADDRESS		
CITY-ST-ZIP	S. PASADENA FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE	☐ Change	Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3 2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	☐ Change	Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the enformation cumplied with the filment		64 CITY-ST-ZIP		

iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee convovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplement officer or director of the corporation or the ri Block 12 or Block 13 if changed, or on an

SIGNATURE: