FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED

1997 MAR 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000098369 (7)**

1. Corporation Name
GAMEPORT ENTERTAINMENT NETWORK, INC.

Principal Place of Business
6526 PONDAPPLE ROAD
BOCA RATON FL 33433

Mailing Address
6526 PONDAPPLE ROAD
BOCA RATON FL 33433-1927

3. Date Incorporated or Qualified: 12/02/1996

3a. Date of Last Report: 1st Report

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: 65-0721038 — 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
COLUCCI, ROBYN
6526 PONDAPPLE ROAD
BOCA RATON FL 33433

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 required if Registered Agent and title applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES C. NAIRNE	1.2 NAME	500002120245--7
STREET ADDRESS	c/o 6526 PONDAPPLE RD	1.3 STREET ADDRESS	-03/21/97--01025--008
CITY ST ZIP	BOCA RATON, FL. 33433	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMERON A.L. NAIRNE	2.2 NAME	
STREET ADDRESS	5130 BWART ST. V5J 2W2	2.3 STREET ADDRESS	
CITY ST ZIP	BURNABY, B.C. CANADA	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES C. NAIRNE	3.2 NAME	
STREET ADDRESS	(SEE ABOVE)	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/ASSISTANT SECRETARY ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBYN COLUCCI	4.2 NAME	
STREET ADDRESS	6526 PONDAPPLE RD.	4.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL. 33433	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		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: JAMES C. NAIRNE 3/19/97 (954) 426-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000527