

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90107 023 ***150.00

DOCUMENT # P96000103111
 1. Entity Name
CYBERGAMES, INC.

Principal Place of Business: **2253 N.W. 62ND DRIVE BOCA RATON FL 33496**
 Mailing Address: **2253 N.W. 62ND DRIVE BOCA RATON FL 33431-4922**

2. Principal Place of Business: **5331 NW 26TH CIRCLE**
 Suite, Apt. #, etc.
 City & State: **BOCA RATON FL**
 Zip: **33496** Country: **USA**

3. Mailing Address: Suite, Apt. #, etc.
 City & State: **BOCA RATON FL**
 Zip: **33496** Country: **USA**

4. FEI Number: **59-3421936** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHWEITZER, MORI AARON J
2253 N.W. 62ND DRIVE
BOCA RATON FL 33496-3310

7. Name and Address of New Registered Agent
 Name: **SCHWEITZER, MORI AARON**
 Street Address (P.O. Box Number is Not Acceptable): **6088 NW 24 TERRACE**
 City: **BOCA RATON FL** Zip Code: **33496**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: **4/28/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD	NAME: SCHWEITZER, MORI A	STREET ADDRESS: 2253 NW 62ND DR	CITY-ST-ZIP: BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE: SD	NAME: ALTEU, PAUL	STREET ADDRESS: 7419 PANACHE WAY	CITY-ST-ZIP: BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE: DT	NAME: ANTHONY, CARL	STREET ADDRESS: 300 AUTUMN BREEZE DR	CITY-ST-ZIP: ROSEWELL GA 30075	<input checked="" type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PID	NAME: NINA CANNON	STREET ADDRESS: 5331 NW 26 CIRCLE	CITY-ST-ZIP: BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secy/Treas.	NAME: JEFFREY MORITZ	STREET ADDRESS: 33 BASSETT LANE	CITY-ST-ZIP: 2ND FL HYANNIS, MA. 02601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **NINA CANNON** President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/20/00** Daytime Phone #: **(561)989-2292**