

P97000007041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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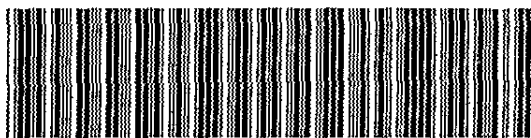
(Business Entity Name)

(Document Number)

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REPUBLIC OF STATE  
ALLAHASSEE, FLORIDA

03 MAY - 2 PM 1:43

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NA/KO

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tropical Gaming, Inc.  
\_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** P97000007041  
\_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine B. Veskovski  
\_\_\_\_\_  
(Name of person)

Tripp Scott, P.A.  
\_\_\_\_\_  
(Name of firm/company)

110 SE 6th Street, 15th Floor  
\_\_\_\_\_  
(Address)

Fort Lauderdale, Florida 33301  
\_\_\_\_\_  
(City/state and zip code)

For further information concerning this matter, please call:

Catherine B. Veskovski at ( 954 ) 627-3823  
\_\_\_\_\_  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tropical Gaming, Inc.
2. The principal office address: 12399 SW 53rd Street, Cooper City, Florida 33330
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 01/23/97 Document number: P9700000704

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kurt E. Bosshardt, Esq.  
Alley Maass Rogers & Lindsay, PA, 1600 SE 17th St, Ste 404  
Fort Lauderdale, Florida 33316

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William J. Gross, Esq.  
Tripp Scott, P.A., 110 SE 6th Street, 15th Floor  
(P.O. Box or personal mailbox NOT acceptable)  
Fort Lauderdale, Florida 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Jack Tavone* (Signature of an officer, chairman or vice chairman of the board)      Jack Tavone, Treasurer (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*William J. Gross* (Signature of Registered Agent)      4/2/03 (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314