

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90128 033 ***150.00

0026826

DOCUMENT # P98000012681

1. Entity Name
BITPLAYER, INC.

Principal Place of Business
**5040 BARFIELD RD
 TALLAHASSEE FL 32308**

Mailing Address
**5040 BARFIELD RD
 TALLAHASSEE FL 32308**

2. Principal Place of Business
5040 Barfield Rd
 Suite, Apt. #, etc.

3. Mailing Address
Same AS Above
 Suite, Apt. #, etc.

City & State

City & State

Zip Country
LEON

Zip Country
USA

4. FEI Number **59-3491217**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEINSTEIN, LARRY R
 5040 BARFIELD RD
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Larry Weinstein*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2001

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, 2001 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 **P** ☐ Delete
 NAME **WEINSTEIN, LARRY R**
 STREET ADDRESS **5040 BARFIELD RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **STV** ☐ Delete
 NAME **SLAGER, BRUCE**
 STREET ADDRESS **4911 BUCK LAKE RD.**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 similar like empowered.

SIGNATURE: *Bruce S. Slager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE SLAGER - STU

4-26-2001

Date

671-3075

Daytime Phone #

CR2E034 (10/00)