2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

ment with an address, with all other like empowered

SIGNATURE:

P98000012740 DOCUMENT

1. Entity Name

BINGO INFO SOUTH, INC.



Principal Place of Business Mailing Address 5553 ANGLERS AVE 5553 ANGLERS AVE JUUUIAJI SUITE 101 SUITE 101 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0826423 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, JEFF Street Address (P.O. Box Number is Not Acceptable) 5553 ANGLERS AVENUE SUITE 101 FT. LAUDERDALE FL 33312 City Zip Code 8.3The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition LEWIS, JEFF NAME NAME STREET ADDRESS 5553 ANGLERS AVENUE, SUITE 101 STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 10 or Block 11 if 12. I hereby certify that the

Jan 21, 2003 8:00 am Secretary of State

FILED

01-21-2003 90061 021 ***150.00

Davtime Phone #