

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90033 019 ***150.00

DOCUMENT # P99000016505

1. Entity Name
PLAYNATION PLAY SYSTEMS OF MIAMI, INC.

Principal Place of Business 7680 NW 63RD STREET MIAMI FL 33166	Mailing Address 7680 NW 63RD STREET MIAMI FL 33166
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2. Principal Place of Business 9660 NW 77TH AVE	3. Mailing Address 9660 NW 77TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH GARDENS FL	City & State HIALEAH GARDENS FL
Zip 33016	Zip 33016
Country	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLENDEN, ALLEN 7680 NW 63RD STREET MIAMI FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 9660 NW 77TH AVE City HIALEAH GARDENS FL Zip Code 33016	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete NAME BIGIO, FABIOLA STREET ADDRESS 1946 TIGERTAIL BLVD CITY-ST-ZIP DANIA FL 33004		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE P/S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 9660 NW 77TH AVE STREET ADDRESS HIALEAH GARDENS FL 33016 CITY-ST-ZIP 33016	
TITLE D <input type="checkbox"/> Delete NAME BLENDEN, ALLEN STREET ADDRESS 7680 NW 63RD STREET CITY-ST-ZIP MIAMI FL 33166			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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 all other like empowered.

SIGNATURE: Allen Blenden, President **ALLEN BLENDEN, President** 4/3/01 305-597-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)