

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 045 ***150.00

DOCUMENT # P99000016505

1. Entity Name
PLAYNATION PLAY SYSTEMS OF MIAMI INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9660 NW 77TH AVE
Suite, Apt. #, etc.

3. Mailing Address
9660 NW 77TH AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH GARDENS FL
Zip
33016
Country

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4. FEI Number
650895455
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BLENDEN, ALLEN

Street Address (P.O. Box Number is Not Applicable)
9660 NW 77TH AVE

City
HIALEAH GARDENS FL
Zip Code
33016

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BLENDEN, ALLEN 9660 NW 77TH AVE HIALEAH GARDENS FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Allen Blenden ALLEN BLENDEN 4/29/02 305-558-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #