2001 UNIFORM BUSINESS REPORT (UBR) P99000059499 Apr 19, 2001 8:00 am DOCUMENT # 1. Entity Name **Secretary of State** ZZ Games Inc 04-19-2001 90065 040 ***150.00 Principal Place of Business Mailing Address 10 HICKORYLANE 118 Centre Street Fernandina Buch, FL 32034 Fernanding Beach, FL 32034 C0049311 3. Mailing Address
10 Hickory Lane
Suite, Apt. #, etc. 2. Principal Place of Business
118 Centre Street DO NOT WRITE IN THIS SPACE City & State , Fernandina Beach FL City & State Firnanding Beach FL 4. FEI Number Applied For 59 35F 5557 Not Applicable Zip 2034 Country 5.A Country USA \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Walter A. Petersen Street Address (P.O. Box Number is Not Acceptable) 10 HICKORY LANE Fernandina Beach, FL 32034 Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida. Walter A. Petersen
E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Walter A. Petercen 10 HICKORT LANE NAME NAME STREET ADDRESS STREET ADDRESS Fernanding Beach FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TIT) F Change Grace Joan Herbst 2113 Highland Street NAME NAME STREET ADDRESS STREET ADDRESS Fernanding Black FL 32034 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Robert Nicholas Kroker NAME NAME 538 Tarpon Avenue STREET ADDRESS STREET ADDRESS Fernanding Beach FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Debra Suc Haron NAME NAME 538 Tarpon Avenue Fernandina Beach FL 32034 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 13. I hereby certify that the information supplied with this filling 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 trusted 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 appropriate with all other like empowered. Walter A. Petersen 4/13/01 904 277 9709
Date Dayline Phone # SIGNATURE: