

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90072 005 ***150.00

DOCUMENT # P99000074332

1. Entity Name
THE GAME SOURCE INC.

Principal Place of Business 777 E MERRITT ISLAND CAUSEWAY UNIT J-11 MERRITT ISLAND FL 32952	Mailing Address 481 RED SAIL WAY SATELLITE BEACH FL 32937-3719
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2. Principal Place of Business	3. Mailing Address 469 SHERIDAN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SATELLITE BEACH FL.
Zip	Country
32937	US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3593432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PETERSON, DONALD A
481 RED SAIL WAY
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
 Name **LONG, MARY ELLEN T.**
 Street Address (P.O. Box Number is Not Acceptable)
469 SHERIDAN AVE
 City **SATELLITE BEACH FL** Zip Code **32937**

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 *Mary Ellen T. Long* **3-20-00**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P/D LONG, MARY ELLEN T. 469 SHERIDAN AVE. SATELLITE BEACH FL. 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		V/D LONG, JORY L 469 SHERIDAN AVE. SATELLITE BEACH FL. 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T/S PUNSKA, CHRISTOPHER J. 7700 GREENBORO DRIVE #8 W. MELBOURNE FL, 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary Ellen T. Long* **3-20-00** **321-779-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)