## 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000077436 05-15-2001 90171 046 \*\*\*150.00 PLAYGROUND ENTERPRISES, INC. Principal Place of Business Mailing Address 7380 SAND LAKE RD., STE. 350 7380 SAND LAKE RD., STE. 350 00052655 SUITE 330 SHITE 330 ORLANDO FL 32819 ORLANDO FL 32819 Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3598870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ,Hanna, David H jr. 7380 SAND LAKE RD., STE. 350 ORLANDO FL 32819 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. 4/30101 SIGNATURE or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Change ☐ Delete TITLE WRIGHT. JOHNNY, 7680 Universal Blud 54 565 WRIGHT, JOHNNY NAME STREET ADDRESS STREET ADDRESS 606 VISCAYA AVE. Orlando, Fr 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 PIERFY, DAVID TUBO UNIVERSAL BLUD., SK 505 ☐ Addition TITLE ☐ Delete NAME PIERRY, DAVID NAME STREET ADDRESS STREET ADDRESS 7380 SAND LAKE RD, STE 330 Ollando FL 32819 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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 with an address, with all other like empowered changed, or on an attachmen

DAVID PIERFY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/30/61

407-363-7040