

DOCUMENT # P99000098686

1. Entity Name

VEGAS GLOBAL, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90076 026 \*\*\*150.00

Principal Place of Business

Mailing Address

453 LAKE DORA DRIVE
WEST PALM BEACH FL 33411

453 LAKE DORA DRIVE
WEST PALM BEACH FL 33411

Change



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2079 Misty Shore Way
West Palm Beach

2079 MUTY
Shore Way

City & State

FLORIDA

City & State

WEST PALM BEACH FL

4. FEI Number

65-0970800

Applied For

Not Applicable

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

Zip

Country

33411

USA

Zip

Country

33411

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, KEITH A
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

Not checked

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.

Not checked

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for officers and directors. Row 1: D LINDER, STU, 453 LAKE DORA DRIVE, WEST PALM BEACH FL 33411. Includes 'Delete' checkbox.

Table with 6 rows for additions/changes to officers and directors. Includes 'Change' and 'Addition' checkboxes.

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 life empowered.

SIGNATURE:

Handwritten signature: Stuart Linder Pres/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 561-784-4562

Date

Daytime Phone #

CR2E034 (10/00)