2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Feb 24, 2002 8:00 am Secretary of State P99000098686 DOCUMENT # 1. Entity Name VEGAS GLOBAL, INC. 02-24-2002 90081 022 ***150.00 Principal Place of Business Mailing Address 2079 MISTY SHORE WAY 2079 MISTY SHORE WAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0970800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent James. Keith a Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH FL 33401 Zip Code City 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, typed or printed name of registered agent and title it applicable. (NOTE: 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/01) ___ Change TITLE TITLE ☐ Delete LINDER, STU NAME NAME 453 LAKE DORA DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 ☐ Addition ☐ Delete TITLE ☐ Change 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 Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 period by the corporation or the receiver or this empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

FILED

Daytime Phone