

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90375 024 \*\*\*150.00

DOCUMENT # 000000041775

1. Entity Name  
G4G Interactive, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Florida

3. Mailing Address  
3072 S. Oakland Forest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#405

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Oakland Park, Florida

4. FEI Number  
US 1003129

Applied For  
Not Applicable

Zip Country

Zip Country  
33309 USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Dawn Mitchell  
Street Address (P.O. Box Number is Not Acceptable)  
3072 S. Oakland Forest Dr. #405  
Oakland Park, FL 33309  
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 Dawn Mitchell Dawn Mitchell owner/president 4/10/02  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>owner/president</u> <u>Dawn Mitchell</u> <u>3072 S. Oakland Forest Dr. #405</u> <u>Oakland Park, FL 33309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>owner/president</u> <u>Kyle Mitchell</u> <u>3072 S. Oakland Forest Dr. #405</u> <u>Oakland Park, FL 33309</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn Mitchell 4/10/02 954-484-3795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)