

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90107 023 \*\*\*150.00

**DOCUMENT # P96000103111**  
 1. Entity Name  
**CYBERGAMES, INC.**

Principal Place of Business Mailing Address  
 2253 N.W. 62ND DRIVE BOCA RATON FL 33496  
 2253 N.W. 62ND DRIVE BOCA RATON FL 33431-4922

2. Principal Place of Business 3. Mailing Address  
**5331 NW 26<sup>TH</sup> CIRCLE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State **BOCA RATON FL** City & State  
 Zip **33496** Country **USA** Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SCHWEITZER, MORI AARON J**  
**2253 N.W. 62ND DRIVE**  
**BOCA RATON FL 33496-3310**

7. Name and Address of New Registered Agent  
 Name **SCHWEITZER, MORI AARON**  
 Street Address (P.O. Box Number is Not Acceptable) **6088 NW 24 TERRACE**  
 City **BOCA RATON FL** Zip Code **33496**

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]* DATE: **4/28/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWEITZER, MORI A	
STREET ADDRESS	2253 NW 62ND DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALTEU, PAUL	
STREET ADDRESS	7419 PANACHE WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, CARL	
STREET ADDRESS	300 AUTUMN BREEZE DR	
CITY-ST-ZIP	ROSEWELL GA 30075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NINA CANNON	
STREET ADDRESS	5331 NW 26 CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	Secy/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY MORITZ	
STREET ADDRESS	33 BASSETT LANE 2ND FL.	
CITY-ST-ZIP	HYANNIS, MA. 02601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *[Signature]* **NINA CANNON** President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/20/00** Daytime Phone #: **(561)989-2292**