

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91611 042 ***150.00

DOCUMENT # P99000082534

1. Entity Name
I AM GAME, INC.

Principal Place of Business: **8110 Perry Maxwell Circle Sarasota, Florida 34240**
 Mailing Address: **8110 Perry Maxwell Circle Sarasota, Florida 34240**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country USA
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country USA

4. FEI Number: **65-0948306**
 Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
David M. Silberstein
720 South Orange Avenue
Sarasota, Florida 34236

7. Name and Address of New Registered Agent
 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: _____ (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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	P S D Denise Stealey	<input type="checkbox"/> Delete
STREET ADDRESS	8110 Perry Maxwell Circle	
CITY-ST-ZIP	Sarasota, Florida 34240	
TITLE NAME	T D J. W. Stealey	<input type="checkbox"/> Delete
STREET ADDRESS	8110 Perry Maxwell Circle	
CITY-ST-ZIP	Sarasota, Florida 34240	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

3. 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: *Denise Stealey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise Stealey, President

4-16-02
 Date

(941) 371-7645
 Daytime Phone #

0000001 (1/11/00)