2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-16-2003 90125 009 ***150.00

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DOCUMENT # H41944

1. Entity Name
SPORTS BEAT, INC.

Principal Place of Business	Mailing Address
2020-20 WEST PENSACOLA STREET TALLAHASSEE FL 32304	2020-20 WEST PENSACOLA STREET TALLAHASSEE FL 32304

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
800 OCALA RD		SAME	
Suite, Apt. #, etc.: #100		Suite, Apt. #, etc.	
City & State: TALLAHASSEE, FL		City & State	
Zip: 32304	Country: LEON	Zip	Country

4. FEI Number 59-2496269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULLIVAN, SHANNON 226 DAY ST. TALLAHASSEE FL 32304 CORRECT	Name: SPORTS BEAT Street Address (P.O. Box Number is Not Acceptable): 800 OCALA RD SUITE 100 City: TALLAHASSEE FL Zip Code: 32304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, SHANNON J. 226 DAY STREET TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-14-03 — 850-576-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #