

2002 UNIFORM BUSINESS REPORT (UBR)

05-27-2002 9038504355 70.00
 09-15-2002 90086029 ***245.00

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01000007671

1. Entity Name

SPORT, FILM, AND ENTERTAINMENT CULTURAL CENTER I NC.

Principal Place of Business: 643 NE 125TH ST. SUITE 100 MIAMI FL 33161
 Mailing Address: 643 NE 125TH ST. SUITE 100 MIAMI FL 33161

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Zip Country: Country

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOUISSAINT, MARIE
 643 NE 125TH ST, SUITE 100
 MIAMI FL 33161

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

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

After September 13, 2002, min. will be \$236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: LOUISSAINT, MARIE F STREET ADDRESS: 8619 NW 193 LANE CITY-ST-ZIP: MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE: VD NAME: LOUISSAINT, BEATRICE STREET ADDRESS: 8619 NW 193 LANE CITY-ST-ZIP: MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: PAIGE, MICHELLE STREET ADDRESS: 220 NE 44 ST CITY-ST-ZIP: MIAMI FL 33137	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SORTER, ALAN W STREET ADDRESS: 1717 N BAYSHORE DR CITY-ST-ZIP: MIAMI FL 33132	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: LOUISSAINT, MARIE F. PD STREET ADDRESS: 8619 N.W. 193 Lane CITY-ST-ZIP: Miami, FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice-President VD NAME: Adriana Clark STREET ADDRESS: 17021 N. Bay Road, unit 1019 CITY-ST-ZIP: Miami, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secretary/Treasurer SD NAME: Marina Golden STREET ADDRESS: 16648 S.W. 36 Street CITY-ST-ZIP: Miramar, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *MARINA GOLDEN*

01/5/02 (305) 895-3116

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DO NOT WRITE IN THIS SPACE