2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT #

P00000009132

1. Entity Name SPORTS.COM, INC.

SIGNATURE

LUMIGENE CORPORATION

Principal Place of Business

Mailing Address

DELRAY BEAC	H FL 33483	DELRAY BEACH FL 33483										
2. Principal F	Place of Business	3. Mailing Address							lil 11 iil 11 i		A 11118 1181 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State					4. FI	654 68 1503 H			Applied For Not Applicable	
Zip	Country			Zip Coun				5. C	ertificate of Status Desired		8.75 A	dditional
	- 6. Name and	Address of Current	Registere	d Agent				7. N	ame and Address of New Regis	stered A	gent	
STILLMAN, L. VAN 1177 GEORGE BUSH BLVD., SUITE 308 DELRAY BEACH FL 33483						Name Street Address (P.O. Box Number is Not Acceptable)						
UELINAT D	EAUN FE 3340	•				City				FL	Zip Co	ode
the obligat	ions of registered Signature, typed or pri	agent. Inted name of registered agent EE IS \$150.00					r registered		nt, or both, in the State of Floridanstating) 9. Election Campaign Finance	DATE		h, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Trust Fund Contribution.		Ádd	ed to Fees
10.	PST	OFFICERS AND	DIRECTOR		11.		173		DITIONS/CHANGES TO OFFICE			
	STILLMAN, L VAN ss 1177 GEORGE BUSH BLVD, STE 308						Mir	i E	tent Sani Corge Bush Blud LBon, FL 33483	. کلرزا	Blighange He 3 08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			1001 1177	re Fr	tany reund lorge Bush Blvd, : BCh, FL33483	suite	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	e •	-		_ Delete			Trea Yaa 1177	64			C Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1						☐ Change	☐ Addition

12. I hereby certify that the information supplied with this fifting 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 supplier extal 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 frustee 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 attackment with an address with an open supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this fifting 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 supplied with this fifting 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 supplied with this fifting 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 supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(ii), Florida Statutes in Section 119.07(3)(ii), Florida Statutes in Sec

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POURE:

ATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2003 8:00 am Secretary of State

05-01-2003 91007 036 ***150.00