

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

**FILED**

02 MAY 28 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000026080  
**1. Entity Name**  
 BIG GAME PRO SHOP, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2060 KELLY PARK ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2060 KELLY PARK ROAD Suite, Apt. #, etc.	
City & State APOPKA, FL		City & State APOPKA, FL	
Zip 32712	Country USA	Zip 32712	Country USA

<b>4. FEI Number</b> 59-36292-36	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name PHILLIP WHIGHAM, PRESIDENT	
Street Address (P.O. Box Number is Not Acceptable) 2060 KELLY PARK ROAD	
City APOPKA	State FL
Zip Code 32712	

**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: *Phillip Whigham, Pres* Phillip Whigham DATE: 5-13-02  
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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHILLIP WHIGHAM 2060 KELLY PK RD APOPKA FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005978123--4 -06/25/02--01046--023 *****61.25 *****61.25
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**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 on an attachment with an address, with all other like empowered.**

SIGNATURE: *Phillip Whigham, Pres* Phillip Whigham DATE: 5-13-02 407-886-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)