

nt By: ACCOUNTING OFFICES;

1 954 964 5309;

Apr-

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000056809
Entity Name

T.A.D.S. Sports, Inc

DO NOT WRITE IN THIS SPACE

Principal Place of Business <u>18331 Pines Blvd.</u>		3. Mailing Address <u>18331 Pines Blvd.</u>	
Suite, Apt. #, etc. <u># 109</u>		Suite, Apt. #, etc. <u>#109</u>	
City & State <u>Pembroke Pines</u>		City & State <u>Pembroke Pines FL</u>	
Zip <u>33029</u>	Country	Zip <u>33029</u>	Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number <u>65-1011472</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <u>William Wiener CPA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>H310 Sheridan St #202</u>	
City <u>Hollywood</u>	FL Zip Code <u>33021</u>

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PSD</u> <u>Michael Marziotto</u> <u>18331 Pines Blvd #109</u> <u>Pembroke Pines FL 33029</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 registered or licensed entity and that I am submitting this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like information.

SIGNATURE: [Signature] Pres. Michael Marziotto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

429.02 Fee - 441-2732

Attachment P00000056869 2 Pages 8012258

Broward (954) 961-1040
Dade (305) 653-1040
Fax (954) 964-5309

William Wiener, P.A.
Certified Public Accountant

4310 Sheridan Street
Suite 202
Hollywood, FL 33021

Rev 120

Fax 210-340-4031

ATTN: ^{Andres} Marzi

PLEASE FOLLOW THE INSTRUCTIONS BELOW AS CHECKED
(Please retain this instruction sheet with attached return for your files)

CLIENT NAME TADS Sports Inc FORM NUMBER UBR
MAIL BEFORE 5/1/03 PERIOD/YEAR ENDED 2003

SIGN:
 PLEASE SIGN AT (X)
 Have your spouse sign at (xx)
 One officer of Corporation sign at (x)
 One partner sign at (x)
 Indicate Title at (XX) and date

PAYMENT AMOUNT:
 No Remittance Necessary
 Refund of \$ _____
 Write check in the amount of \$ 150.00

MAKE CHECK PAYABLE TO:
 United States Treasury
 Florida Department of Revenue
 Your Bank/Give to them w/deposit form
 Florida Unemployment Compensation Fund
 Dept. of State

MAIL TO:
 INTERNAL REVENUE SERVICE
PO BOX 660264
DALLAS TX 75266-0264
 Dade County Property Appraiser
111 NW 1st Street, Suite 710
Miami, FL 33128-1984
 Division of Corporations
Annual Reports - UBR
P.O. Box Caller Service No. 1500
Tallahassee, FL 32302-1500

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769
 William Markham, CFA
Broward County Property Appraiser
115 South Andrews Ave., Room 111
Fl. Lauderdale, FL 33301
 Florida Dept. of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0145
 Dept. of Labor & Employment Security
Div. of Unemployment Compensation
Bureau of Tax
Tallahassee, FL 32399-0212
 INTERNAL REVENUE SERVICE
PO BOX 660351
DALLAS TX 75266-0351

INTERNAL REVENUE SERVICE CENTER
90DEN UT 84201-0005

Date Mailed: _____

If you have any questions about the enclosed returns, please call us.