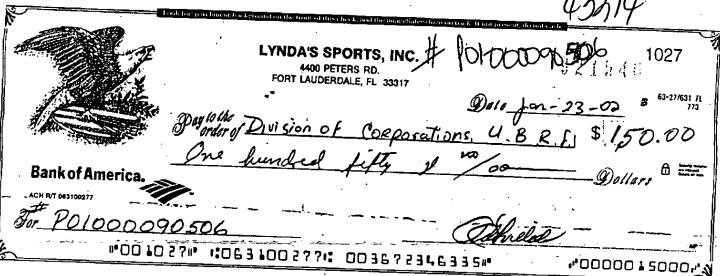
2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	UMENT # P010 'S SPORTS, INC.	00090506		02 OCT 22 AM 9: 13
2387 NW 1	lace of Business 184TH AVE. E PINES FL 33029	Malling Address 2387 NW 184TH AVE. PEMBROKE PINES FL	33029	SECRETARY OF STATE FALLAHASSFE, FLORIDA 43214
2. Principal	I Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
=City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curren	l Registered Agent	 	Fee Required 7. Name and Address of New Registered Agent
	V 184TH AVE. DKE PINES FL 33029		City	is (P.O. Box Number is Not Acceptable)
The above	re named entity submits this statement for	or the purpose of changing its	1 .	tered agent, or both, in the State of Florida. I am familiar with, and accep
GIGNATURE Tax filing (See crite		and title of applicable. (NOT	1 .	tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) DATE 10. Election Campaign Financing \$5.00 May Be
GIGNATURE This corporate fax filing	Signature, typed or prireed name of registered egent poration is eligible to salisfy its Intangible requirement and elects to do so, eria on back) OFFICERS AND PD VILLEDA, GERMAN	and true of applicable. (NOT) FILE NOW: After September 1: Make Check Payel	s registered office or regis TE. Registered Agent signature requi III FEE IS \$550.00 3. 2002 Fee will be \$75	tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) DATE 10. Election Campaign Financing \$5.00 May Be
IGNATURE Tax filing (See crite Comparison of the comparison of t	Signature, typed or printed name of registered agent poralion is eligible to satisfy its Intangible requirement and elects to do so, aria on back) OFFICERS AND PD VILLEDA, GERMAN 2387 NW 184TH AVE.	and title of applicable. (NOT FILE NOW After September 1: Make Check Payel DIRECTORS	S registered office or regis TE: Registered Agent signature requi !!! FEE IS \$550.00 3, 2002 Fee will be \$75 ble to Department of Si 12. IIILE NAME STREET ADDRESS	tered agent, or both, in the State of Florida. I am familiar with, and accept med when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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