


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100850 1. Entity Name MVP SPORTS MANAGEMENT, INC.	
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FILED
06 SEP 25 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182006 REIN-P CR2E098 (11/05) **06**

Principal Place of Business 5835 SW 45 TERRACE MIAMI, FL 33145	Mailing Address 355 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134
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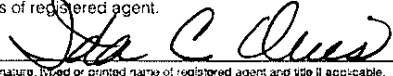
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7446 SW 48 ST Suite, Apt. #, etc.
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City & State MIAMI FL	4. FEI Number 04-3656857
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Zip 33155	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDLAND, DAVID K ESQ LOTT & FRIEDLAND PA 355 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name OVIES, IOA Street Address (P.O. Box Number is Not Acceptable) 2807 DOUGLAS RD #400 City MIAMI FL Zip Code 33145
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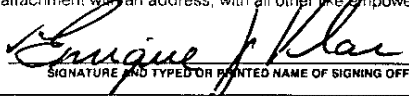
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VILLAR, ENRIQUE "HENRY" J 5835 SW 45 TERRACE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080152767 09/25/06--01065--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: **9/20/06** Daytime Phone #: **305-662-2767**