2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000113414 **DOCUMENT #**

1. Entity Name

CHAMPIONSHIP HORSE RACING, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90851 015 ***150.00

	e of Business YSIDE TERRAC 38	1536	Malling Address 1536 NE QUAYSIDE TERRACE MIAMI FL 33138									
2. Principal P	Place of Busine	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	4. FEI Number			plied For	
Zip		Country	Zip Cour			try	5. (5. Certificate of Status Desired			litional d	
6. Name and Address of Current Registered Agent]	7. N	lame and Address of New Reg	stered Ag	ent		
							Name					
ROSS, ADAM L						Street Address (P.O. Box Number is Not Acceptable)						
1536 NE QUAYSIDE TERRACE					0.000							
MIAMI FL 33138												
					City			FL	Zip Code	9		
The above named entity submits this statement for the number of changing its registers.						d office or r	registered agr	ent or both in the State of Florid		niliar with	and accept	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					•			Election Campaign Finan Trust Fund Contribution.	cing		May Be to Fees	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	
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12. Thereby o	certify that the	information supplied with	a this filing	does not qualify for	the eve	mntion state	d in Section 1	119 07(3)(i) Florida Statutes I fu	rther certify	that the in	formation	

indicated on this report or supplied only installing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Flurther 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:

2.27.03