

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90021 020 ***150.00

DOCUMENT # P15975

1. Entity Name
SPORTS SHINKO (FLORIDA) CO., LTD.

Principal Place of Business %C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844	Mailing Address %C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844-9720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 51-0302824		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: FUKUDA, TSUGIO STREET ADDRESS: #4-12 MANZAI-CHO CITY-ST-ZIP: OSAKA, JAPAN	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV NAME: KINOSHITA, TAKESHI STREET ADDRESS: #4-12 MANZAI-CHO CITY-ST-ZIP: OSAKA, JAPAN	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: KINOSHITA, TOSHIO STREET ADDRESS: #4-12 MANZAI-CHO CITY-ST-ZIP: OSAKA, JAPAN	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: KARST, MANDY STREET ADDRESS: 3200 STATE ROAD 546 CITY-ST-ZIP: GRENELEFE FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: AUDRAN, DOMINIQUE J STREET ADDRESS: 3200 STATE ROAD 546 CITY-ST-ZIP: GRENELEFE FL	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: LEEDKE, DOUG STREET ADDRESS: 3200 S.R. 546 CITY-ST-ZIP: GRENELEFE, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV NAME: YAMAMOTO, IWANE STREET ADDRESS: #41-21 MANZAI-CHO CITY-ST-ZIP: OSAKA JA	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: **3/1/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)