

2002 UNIFORM BUSINESS REPORT (UBR)

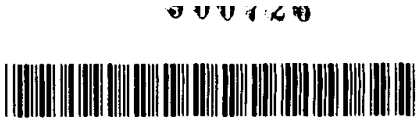
FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90038 025 ***158.75

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DOCUMENT # P95000047957
 1. Entity Name
FINISH LINE INTERNATIONAL, INC.

Principal Place of Business 3593 S.W. 173RD TERR MIRAMAR FL 33029 US	Mailing Address 3593 S.W. 173RD TERR MIRAMAR FL 33029 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21011 JOHNSON ST Suite, Apt. #, etc. SUITE 102	3. Mailing Address 3593 SW 173RD TER Suite, Apt. #, etc.
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City & State REHOBOTE PINES, FL	City & State MIRAMAR, FL
Zip 33029	Zip 33029
Country USA	Country USA

4. FEI Number 65-0591083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ALIBRANDI, ENZO
3593 S.W. 173 RD. TERR
MIRAMAR FL 33029

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRANDI, ENZO 3593 S.W. 173RD TERR MIRAMAR FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBRANDI, PAULA 3593 S.W. 173RD TERR MIRAMAR FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 like empowered.

SIGNATURE: *Enzo Alibrandi* **ENZO ALIBRANDI** 01/07/02 954 486 9101
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)