PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000058469 1. Corporation Name

PERFORMANCE PAINTBALL PRODUCTS, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90002 001 ***150.00



| Principal Place | e of Business | Mailing Address | | | - } | | | | |
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| | : | | | | 1 | ncorporated or Qualifed |) | | ļ |
| | | | | | | 7/1995 | | | |
| Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI N | | | ⊢ +- | Applied For |
| 21 | | 26 | | | 65-0 | 603710 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | ate of Status Desired | | | Additional |
| 22 | | 27 | | | | | | Fee | Required |
| City & State | e e | City & State | | | 6. Election | on Campaign Financing | | \$5.0 | 0 May Be |
| 23 | | 28 | | | Trust | Fund Contribution | | Adde | d to Fees |
| Zip | Country | Zip | Count | ry | 8. This c | orporation owes the cur | rrent year Inta | ngible | } |
| 24 | 25 | 29 | 30 | | Perso | nal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name | and Address of New | Registered A | Agent | |
| <u> </u> | | | 8 | 1 Name | | | | |) |
| COR | PORATION SERVICE COMPANY | | ļ. | 12 Cana - 4 A | ddana (D.O. Bo | x Number is Not Accep | table) | | |
| 1201 | HAYS STREET | | }* | Street A | agress (P.O. Bo | X (Anturbe) is Lact Accel- | ranei | | ĺ |
| TALL | AHASSEE FL 32301-2525 | |) a | 13 | | · · · · · · · · · · · · · · · · · · · | | | |
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| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State | of Florida. Such change was a | NITHORIZEO D | ov tne comoi | corporation subm ration's board of | directors. I hereby acce | e purpose or r ept the appoir | tment as | registered |
| agent. I a | rn familiar with, and accept the obligat | tions of, Section 607.0505, Flo | rida Statut | BS. | | | | | { |
| SIGNATURE | | • | | | | | | | { |
| | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE | : Registered A | gent signature red | quired when reinstating | | DATE | | |
| 12. | | D DIRECTORS | Registered A | gent signature red | | ONS/CHANGES TO O | | | |
| | | | | | | | | D DIREC | |
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14. 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 annual 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 correctation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/24/99