

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-15-2000 90005 020 ***550.00

DOCUMENT # P95000093765

1. Entity Name
FUNLEAGUE GROUP, INC.

Principal Place of Business 5405 CYPRESS CENTER DRIVE, SUITE 295 SUITE 290 TAMPA FL 33609 US	Mailing Address 5405 CYPRESS CENTER DRIVE, SUITE 295 SUITE 290 TAMPA FL 33609 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 FOREST LAKES BLVD. N. Suite, Apt. #, etc.	3. Mailing Address 255 FOREST LAKES BLVD. N. Suite, Apt. #, etc.
---	---

City & State OLDSMAR FL	City & State OLDSMAR, FL	4. FEI Number 59-3355773	Applied For Not Applicable
Zip 34677	Country PINELLAS	Zip 34677	Country PINELLAS
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NICHOLAS FLASKAY 5405 CYPRESS CENTER DRIVE SUITE 290 TAMPA FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 255 FOREST LAKES BLVD. N. City OLDSMAR FL Zip Code 34677	
--	--	---	--

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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State.	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLASKAY, NICHOLAS 5405 CYPRESS CENTER DR SUITE 290 TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 255 FOREST LAKES BLVD. N. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LOWELL, MELVYN 5405 CYPRESS CENTER DRIVE, SUITE 290 TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 255 FOREST LAKES BLVD. N. OLDSMAR, FL 34677
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
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

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: **SIGNATURE REQUIRED** *8/29/00* Daytime Phone # _____

CR2E034 (5/00)