

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90060 025 ***150.00

DOCUMENT # P99000050042

1. Entity Name
X-SPORT, INC. GLOBAL DISTRIBUTION NETWORKS

Principal Place of Business 430 WATSON DRIVE INDIALANTIC FL 32903	Mailing Address 430 WATSON DRIVE INDIALANTIC FL 32903-4128
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3579506		Applied For Not Applicable									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required									
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent									
Zip	Country	Zip	Country	<table border="1"> <tr> <td colspan="2">Name</td> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">City</td> <td>FL</td> <td>Zip Code</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code								

6. Name and Address of Current Registered Agent
FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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) <input checked="" 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			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODEIDE, FABRICE			NAME			
STREET ADDRESS	430 WATSON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL 32903			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POSNER, LOUIS III			NAME			
STREET ADDRESS	430 WATSON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL 32903			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Fabrice Odeide (Po) Date: 5/02/00 (407) 728-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR