

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

0049948

DOCUMENT # P99000091110

1. Entity Name
MARK & JAY SPORTS MANAGEMENT, INC.

05-11-2001 90056 026 ***150.00

Principal Place of Business 100 E. SYBELIA AVENUE SUITE 375 MAITLAND FL 32751	Mailing Address 100 E. SYBELIA AVENUE SUITE 375 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>100 E. Sybelia Ave</i>	3. Mailing Address <i>100 E. Sybelia Ave</i>
Suite, Apt. #, etc. <i>Suite 120</i>	Suite, Apt. #, etc. <i>Suite 120</i>

City & State <i>MAITLAND FL</i>	City & State <i>MAITLAND FL</i>	4. FEI Number 59-3611054	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32751</i>	Country <i>USA</i>	Zip <i>32751</i>	Country <i>USA</i>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOHLER, MARK R ESQ.
 390 N. ORANGE AVE.
 SUITE 2500
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 Name *Stephen Salley Esq.*
 Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave
Suite 2500
 City *ORLANDO* FL Zip Code *32801*

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 *[Signature]* DATE *4/30/01*
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FISHER, JAY M 100 E. SYBELIA AVENUE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEPSELTER, MARK 100 E. SYBELIA AVENUE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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]* DATE: *4/30/01* DAYTIME PHONE #: *407-628-3015*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)