

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 050 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000004242
 1. Entity Name
 Polo Players Support Group, Inc.

DO NOT WRITE IN THIS SPACE

80064401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13860 Wellington Trace Suite, Apt. #, etc. Box 289 City & State Wellington, FL Zip 33414		3. Mailing Address 13860 Wellington Trace Suite, Apt. #, etc. Box 289 City & State Wellington, FL Zip 33414		4. FEI Number 65-1122507	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 Moriarty, Brenden S.
 Street Address (P.O. Box Number is Not Acceptable)
 1023 Manatee Avenue West
 City
 Bradenton FL Zip Code
 34205

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

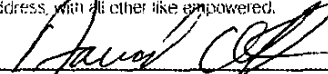
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/P/V/S/T Offen, David 13860 Wellington Trace, Box 289 Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Offen, Todd 481 Azzure St. Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Coppola, Anthony 13889 Wellington Trace, A10 Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Gannon, Tim 2202 N. Westshore Blvd., Suite 500 Tampa, FL 33601	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Moriarty, Brenden S. 1023 Manatee Ave. W. Bradenton, FL 34205	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  David Offen, President 03-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year