

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001814

**Entity Name:** FANATICS HOLDINGS, INC.

**FILED**  
**Apr 02, 2015**  
**Secretary of State**  
**CC8806544386**

**Current Principal Place of Business:**

5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
JACKSONVILLE, FL 32254 US

**FEI Number:** 45-4894304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, CEO, D  
Name MACK, F. DOUGLAS  
Address 5245 COMMONWEALTH AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

Title T  
Name BAUMLIN, THOMAS  
Address 5245 COMMONWEALTH AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

Title C  
Name RUBIN, MICHAEL G  
Address 225 WASHINGTON ST, 3RD FL  
City-State-Zip: CONSHOCKEN PA 19428

Title D  
Name CONN, MICHAEL  
Address 225 WASHINGTON ST, 3RD FL  
City-State-Zip: CONSHOCKEN PA 19428

Title D  
Name BRANMAN, M JEFFREY  
Address 225 WASHINGTON ST, 3RD FL  
City-State-Zip: CONSHOCKEN PA 19428

Title SECRETARY  
Name YEAMANS, CAREN  
Address 5245 COMMONWEALTH AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name PAREKH, DEVEN  
Address 5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name SIM, BOON  
Address 5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
City-State-Zip: JACKSONVILLE FL 32254

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS BAUMLIN

**TREASURER**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STORCH, GERALD  
Address 5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name TRAGER, ALAN  
Address 5245 COMMONWEALTH AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name CHERIAN, SAJ  
Address 225 WASHINGTON STREET, 3RD FLOOR  
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR  
Name KHOSROSHAH, DARA  
Address 5245 COMMONWEALTH AVENUE  
C/O GENERAL COUNSEL  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name WINTERS, DANIEL  
Address 225 WASHINGTON STREET, 3RD  
FLOOR  
City-State-Zip: CONSHOHOCKEN PA 19428