2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # 136947** FLORIDA SPORTSERVICE, INC. 04-12-2000 90075 013 ***150.00 Principal Place of Business Mailing Address 438 MAIN ST 438 MAIN ST BUFFALO N Y 14202 AUU37500 BUFFALO N Y 14202-3207 2. Principal Place of Business 3. Mailing Address 40 Fountain Plaza 40 Fountain Plaza DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Buffalo, NY City & State 4. FEI Number Applied For 16-0435033 Buffalo, NY Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 14202 Erie 14202 Erile Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **米米**Change Addition TITLE ☐ Delete TITLE NAME MOTT, ELLEN F Ellen F. Ott STREET ADDRESS STREET ADDRESS 40 Fountain Plaza 438 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP BUFFALO, NY 00000 14202 ☐ Delete TITLE **公本** Change Addition TITI £ NAME NAME RAHUBA, JESSICA STREET ADDRESS 40 Fountain Plaza STREET ADDRESS 438 MAIN ST CITY-ST-7IP CITY-ST-ZIP BUFFALO, NY 00000 TITLE XX Change Addition Delete TITLE NAME NAME PARKER, NANCY J STREET ADDRESS STREET ADDRESS 40 Fountain Plaza 438 MAIN ST CITY-ST-ZIP CITY-ST-ZIP BUFFALO, NY 00000 14202 ■ Addition TITLE ☐ Detete TITLE √ Change NAME NAME TRYBUS, JANICE R. STREET ADDRESS STREET ADDRESS 438 MAIN ST 40 Fountain Plaza CITY-ST-7IP CITY-ST-ZIP **BUFFALO, NY 00000** TITLE Delete TITLE ★★Change ☐ Addition NAME KELLER, BYRAN NAME 40 Fountain Plaza STREET ADDRESS STREET ADDRESS **438 MAIN STREET** CITY-ST-ZIP CITY-ST-ZIP BUFFALO NY 14202 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Parker

(716)858-5000

Daytime Phone #

Date