# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# 765027

**Entity Name:** WORLD SPORTS, INC.

**Current Principal Place of Business:**

9220 BONITA BEACH RD
SUITE 209
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2607
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

**FEI Number: 59-2229691** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KREIDER, DOUG
1220 E. CONCORD ST
ORLANDO, FL 32803 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | CARR, AUSTIN | |
| Address: | 1313 PONCE DE LEON BLVD SUITE 200 | |
| City-St-Zip: | CORAL GABLES, FL 33134 | |
| Title: | D | ( ) Delete |
| Name: | CARRIER, ROSS | |
| Address: | 25140 MARSH LANDINGS PKWY | |
| City-St-Zip: | PONTE VEDRA BEACH, FL 32082 | |
| Title: | PD | ( ) Delete |
| Name: | WAXER, EDWARD, | |
| Address: | P.O. BOX 2607 N/A | |
| City-St-Zip: | BONITA SPRINGS, FL 34133 | |
| Title: | DV | ( ) Delete |
| Name: | DAVIDSON, HARPER, | |
| Address: | 4536 SAN AMARO DR | |
| City-St-Zip: | CORAL GABLES, FL | |
| Title: | T | ( ) Delete |
| Name: | DRAKE, CARY | |
| Address: | 19 RIDGEDALE | |
| City-St-Zip: | SUMMIT, NY | |
| Title: | SD | ( ) Delete |
| Name: | SMITH, ROLAND A | |
| Address: | 629 SW 6TH ST NE-13 | |
| City-St-Zip: | POMPANO BEACH, FL 33060 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD WAXER PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date