

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001047 AT

DOCUMENT # A01000001662

1. Entity Name

POWER PLAY SPORTS & ENTERTAINMENT, LTD.

Principal Place of Business

2655 NORTH OCEAN DRIVE  
SUITE 500  
SINGER ISLAND FL 33404

Mailing Address

2655 NORTH OCEAN DRIVE  
SUITE 500  
SINGER ISLAND FL 33404

2. Principal Place of Business

American Heritage Ent.  
Suite 500

3. Mailing Address

2655 N. Ocean Drive

Suite, Apt. #, etc.

City & State  
Singer Island, FL

City & State

FILED  
02 OCT 24 AM 8:50

SECRETARY OF STATE  
TAU LAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Richard J. Fildes

DATE

9. Capital Contributions  
as Shown on record.

\$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT # P01000118609  
NAME POWER PLAY FUND I, INC.  
STREET ADDRESS 2655 NORTH OCEAN DRIVE  
CITY-ST-ZIP SINGER ISLAND FL 33404

STREET ADDRESS

CITY-ST-ZIP

3000118563878  
10/24/02-01026-004 \*\*650.00

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED WITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/24/02

Daytime Phone #

CR2E003 (4/02)