2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 14, 2007 FILED **DOCUMENT # A31949** 1. Entity Name SPORTS RADAR, LTD. 2007 AUG 20 AM 8: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9119 VETERANS DR. 9119 W. VETERANS DR. HOMOSASSA, FL 34448 HOMOSASSA, FL 34448 07192007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3090475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENKINS, NEVIN C PD DO NOT WRITE 9119 VETERANS DR. HOMOSASSA, FL 34448 IN THIS SPACE 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 DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007 prior notice 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 DOCUMENT # \$61578 SPORTS RADAR, INC. NAME STREET ADDRESS 9119 VETERANS DR. CITY-ST-ZIP HOMOSASSA, FL 34448 DOCUMENT / 800108709808 08/28/07--01038--022 **1067.50 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS

Rande Newberry

352-563-5298