

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002114

1. Entity Name

HNS SPORTS GROUP, LTD.

(name change effective January 7, 2002)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11780 U.S. Highway One

3. Mailing Address
11780 U.S. Highway One

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number
65-0783826

Applied For
Not Applicable

Zip
33408

Country
USA

Zip
33408

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
FHS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
11780 U.S. Highway One, Suite 300

City **North Palm Beach** **FL** Zip Code **33408**

**DO NOT WRITE
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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record, **\$7,500.00**

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

DOCUMENT # **P97000059739**
NAME **HNS Sports Group, Inc.**
STREET ADDRESS **11780 U.S. Highway One, #400**
CITY-ST-ZIP **North Palm Beach, FL 33408**

STREET ADDRESS **700005196387--7**
CITY-ST-ZIP **-04/08/02--01007--018**
******141.25 ****141.25**

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IN THIS SPACE**

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:

Danny L. Doty, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/02
DATE

561/626-3900
Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)