FOR PROFIT CORPORATION

UN!FORM BUSINESS REPORT (UBR DOCUMENT # FO 20000000031

(FROM WOSSIXE)



ATHLETICA, INC.

DO NOT WRITE IN THIS SPACE

FILED

03 SEP 30 PM 12: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address			09/30/030100	6053	準率150.00	
4814 PARK GLEN RUAD	6630 EDWAR	os Budo	-				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	City & State		4. FE	l Number		Applied For	
MINNEMPOLIS MN. MISSISSAUGA,		ONTARIS		41-1750	6 <i>71</i>	Not Applicable	
Zip Country -5-5-416= HENNEPIN		Country	5. Ce	rtificate of Status Desired		.75 Additional Required	
			7. Name and Address of Current Registered Agent				
		Name CT CORPORATION SYS from Street Address (P.O. Box Number is Not Acceptable)					
DO NOT WI							
IN THIS SP	ACE	/	1200 . Sc	outh PINE 1	SIANO	ROAD	
		City	KANDTI	.,,,)	FI	Zip Code	
The above named entity submits this statement for	the number of changing its regi				rida Lam forniti	33324	
the obligations of registered agent, SIGNATURE						аг мил, ало ассерг	
Signature, sped or printed name of registered agent ar	nd title if applicable, (NOTE: Reg	pistered Agent signatur	re required when reins	lating)	DATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00							
Amended UBR is \$61.25	State			Election Campaign Final Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
Amended UBR is \$61.25 Make Check Payable to Florida Department of \$	`	·			~ —		
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Amended UBR is \$61.25 Make Check Payable to Florida Department of \$ 10. OFFICERS AND D IIILE PRESIDENT- CEO NAME DAUID BATTEL STREET ADDRESS 4814 PACK GLED LOAD	DIRECTORS	NAME			~ —		
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12. Thereby 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 sindicated 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 exemption or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP-

NAME.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THE NAME

Sevender 252

2003

Daytime Phone #



September 25, 2003

Division of Corporations, Uniform Business Report Filings. P.O. BOX 1500, Tallahassee, Florida 32302-1500

Re: Annual Report Uniform Business Filing

Gentlemen:

Further to my telephone conversation of today's date with Steve of your Department, I have taken the liberty of downloading the necessary UBR form from your website.

Firstly, may I extend my appreciation for the courteous manner in which my enquiries were handled.

I now take this opportunity to enclose the fully completed UBR form along with our cheque in the amount of \$150.00 as instructed.

We wish to point out that while we registered with the State of Florida on or about the 23rd day of April, 2002, with a confirmation letter, number L102A00024417, we have not as of this date, received any correspondence from you for completion.

We therefore sincerely request your considerations in allowing us to file at this time.

Should you require further information and/or documentation from our offices, please do not hesitate to contact me.

Respectfully, ATHLETICA, INC.

Janice D. Hussey Contracts Officer

:jdh encl.





