

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000005461
1. Entity Name
SPORTS COLLECTIBLES ACQUISITION CORPORATION



FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90019 016 ***150.00

0620136 AT

Principal Place of Business
931 SOUTH MATLACK STREET
WEST CHESTER PA 19382

Mailing Address
931 SOUTH MATLACK STREET
WEST CHESTER PA 19382

2. Principal Place of Business
1345 Enterprise Dr
Suite, Apt. #, etc.

3. Mailing Address
1345 Enterprise Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
West Chester PA
Zip 19380 Country USA

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West Chester PA
Zip 19380 Country USA

4. FEI Number 03-0481251
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST KIM, SUSAN Y 854 MT. PLEASANT ROAD BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, JOHN T 3336 EAST KACHINA DRIVE PHOENIX-AZ 85044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICHELLO, JOHN 854 MT. PLEASANT ROAD BRYN MAWR PA 19010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 corporation 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5/1/03 Daytime Phone # 610 344 3264

CR2E034 (10/02)