2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F02000005946

1. Entity Name

GART BROS. SPORTING GOODS COMPANY



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90849 002 ***150.00

Principal Place of Business 1050 W. HAMPDEN AVENUE ENGLEWOOD CO 80110			Mailing Address 1050 W. HAMPDEN AVENUE ENGLEWOOD CO 80110									
2. Principal Place of Business				3. Mailing Address					JANK ADIN BASIL DA	(4) (4) (4) (4) (4) (4)	HERE WIRE 1991	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	El Number 84-037705	8		pplied For at Applicable	
Zip	Zip Country			Zip Count			5. (5. Certificate of Status Desired See Requir				
6. Name and Address of Current							7. N	7. Name and Address of New Registered Agent				
						Name` =	∞نست س.	•	• • •			
C T CORPORATION SYSTEM				Si			Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD												
PLANTATIO	ON FL 3332	24										
						City			FL	Zip Cod		
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. (NOTE: Registered Agent signature required when reinstating) DATE												
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 Trust Fund Contribu	· · ·	\$5.0 Added	May Be I to Fees	
10. OFFICERS AND D							AD	DDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	PD	Of Fide Roy Wild	<i></i>	☐ Delete	TITL	E T				Change	☐ Addition	
NAME	MORTON,	JOHN D			NAM	E					}	
STREET ADDRESS		AMPDEN AVE			1	ET ADDRESS						
CITY-ST-ZIP	ENGLEWO	OD CO 80110			CITY	-ST-ZIP						
TITLE	VT .	,		☐ Delete	TITL					☐ Change	☐ Addition	
NAME		(SON, THOMAS			NAM	ET ADDRESS					ļ	
STREET ADORESS CITY-ST-ZIP		AMPDEN AVE				-ST-ZIP					}	
		OD CO_80110		□ Dalete	TITL					Change	Addition	
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NAME	1 *	RG, THOMAS R			NAM							
STREET ADDRESS	1050 W H	ampden ave				EET ADDRESS						
CITY-ST-ZIP	ENGLEWO	OD CO 80110			4-	'-ST-ZIP				Change	Addition	
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CITY-ST-ZIP		AMPDEN AVE OOD CO 80110		•		'-ST-ZIP						
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NAME	SHIRAI, JI	JNE			NAM							
STREET ADDRESS		ampden ave				EET ADDRESS						
CITY-ST-ZIP		OD CO 80110		·	CITY	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-14 -1 -11		

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:

Date

Daytime Phone #