


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F72530</b> 1. Entity Name STATE SPORTS PUBLISHING, INC.	
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Principal Place of Business 402 DUNWOODY ST TALLAHASSEE, FL 32304 US	Mailing Address 402 DUNWOODY ST TALLAHASSEE, FL 32304 US
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01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2171872	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KUTZ, KRISTI 402 DUNWOODY ST TALLAHASSEE, FL 32304
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Kristi K. Kutz (NOTE: Registered Agent signature required when reinstating) DATE 3/15/08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000891273 04/23/08 88019-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OESCHGER, JOHN F. 3608 UNCLE GLOVER RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUTZ, VINCENT G. 3373 FOLEY DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUTZ, KRISTI K. 3373 FOLEY DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 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: Kristi K. Kutz Kristi K. Kutz 3/15/08 850-222-2190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #