FILED

2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F72530 **DOCUMENT #** 1. Entity Name 04-11-2003 90185 017 ***150.00 STATE SPORTS PUBLISHING, INC. Principal Place of Business Mailing Address 402 DUNWOODY ST 3608 UNCLE GLOVER RD TALLAHASSEE FL 32304 TALLAHASSEE FL 32312-1036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2171872 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OESCHGER, JOHN Street Address (P.O. Box Number is Not Acceptable) 3608 UNCLE GLOVER RD TALLAHASSEE FL 32312 City 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 TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete Change OESCHGER, JOHN F. NAME NAME 3608 UNCLE GLOVER RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME KUTZ, VINCENT G. NAME 3373 FOLEY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME KUTZ, KRISTI K. NAME STREET ADDRESS 3373 FOLEY DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 with all other like empowered. changed, or on an attachment with an address

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

Daytime Phone #

Change

. Addition