2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Apr 12, 2004 08:00 AM Secretary of State DOCUMENT # F94000002136 1. Entity Name PROFESSIONAL SPORTS PUBLICATIONS, INC. Principal Place of Business Mailing Address 5830 MAIN STREET 5830 MAIN STREET **BUFFALO NY 14221 BUFFALO NY 14221** 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite Apt # etc MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 06-1309165 Not Applicable Zıp Country Country \$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 Name YODEP, NATHAN 4971 10TH STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 City Zip Codi 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 and tale if applicable (NOTE: Registered Agent signature required when reinstating) EILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change __ Addition HERING, THOM NAME NAME U00000110907 STREET ADDRESS 355 LEXINGTON AVE. STREET ADDRESS 54/(2/04-80102-007 **150.0**0 CITY-ST-ZIP NEW YORK NY 10017 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME WICKS, JAMES NAME STREET ADDRESS 5830 MAIN ST. STREET ADDRESS WILLIAMSVILLE NY 14221 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ПTE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SEUN AI C DERMOTT 3/31/04

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