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	NAME: S	PORTSWON, INC.			

<u>xx</u>		CORPORATE		ω <u>Β</u>	
	NON-PROFIT	LINITED PA	RTNERSHIP	<u> </u>).
<u>xx</u>	QUALIFICATION		53	ION OF CORFI	רק בי
PLEAS	E RETURN THE FOLLOWING AS PROOF OF	FILING:		io sis	
XX	CERTIFIED COPY PLAIN STAMPED COPY			ALE MIDITS	•
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XX	CERTIFIED COPY
	PLAIN STAMPED COPY
XX	CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

CSC

CR2E042

TALLAHASSEE, FL

26, 199

SUBJECT: SPORTSWON, INC. Ref. Number: W95000011080

DIVISION OF CORPORATION 95 KAY 30 AN IO: RECEIVE Ċ င္သာ

We have received your document for SPORTSWON, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporat pd. Inc. Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION the of CORPORATE SPECIALIST indicated

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 35 (904) 487-6092. 3 NIAY 25 1.15 10: 32

Hart Collins Senior Corporate Section Administrator

Letter Number: 695A00026854

Resubmitted 5-33.95

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 30, 1995

CSC

TALLAHASSEE, FL

SUBJECT: SPORTSWON, INC. Ref. Number: W95000011080

You failed to make the correction(s) requested in our previous letter.

The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and Co.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

CR2E042

Letter Number: 895A00027004

95 HAY 26 LI: 10: 32

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned _______ . do hereby certify that this Resolution of the Board of Directors of _______ a corporation duly organized and existing under the laws of the State of ________ was duly adopted on _______, 19_9/___. Resolved, that _____ SportSwent Inc_, organized and existing in the State of _______ far.54-8_____, hereby adopts the name <u>FAN DIRECT</u> INC for use in Floridar Dated: 5/21. 195 Com A Moneture of at least one dir Thamas Horne Secentraly

APPLICATION BY FOREIGN CORPORATION FOR AUTHUMIZALIUM TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Name of corporations must include the word "NCORPORATED", "COMPANY", "CORPORATION" or words or ebbrowlations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership h not so completed in the name at present.) 48 105047 CANSAS I FEI number, if applicable (State or country under the law of which it is incorporated) Perpetua 812219 5. _ (Duratch: Year corp. will cease to exist or "perpetual") (Data of Incorporation) fication JPU UPan a (Dats first transacted business in Florids. (See sectore 607.1601, 607.1802, and 817.168, F.S.) 11 4800 7. (0/0211 F.RI ANG (Current mailing address) S-DORTSWENE STORES TEMP OPENING (Purpose(a) of corporation authorized in home state or country to be carried out in the state of Florida) 5 9. Name and etreet address of Florida registered agent: Name: ARNOID GOIDBERG Office Address: ______ 808 S. South lake BluD Holly wood , Fioricia, n Co (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF

11103

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٦, OFFICERS

President: _	ARNOID GUIDBERG
Address:	808 S. Southlake
e de la companya de l Esta de la companya de	Hallywood Fla 33021
Vice Presid	ant STAN Bloom
	10500 HighlAND LANE
	plathe KS 106061
· · ·	Thomas HORNE
Address:	3100 N PleasanT
	INDED MO 64050
Treasurer:	BENNET Bloom
Address:	4201 NACCAN BIUD # CISOS
	BACORATIN FLA 33431

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

6.00

13.

ISignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

.

14,

HURNE Thomas (Typed or printed name and capacity of person signing application)

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m



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

SPORTSWON, INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 23rd day of August, A.D. 1991 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.



RON THORNBURGH SECRETARY OF STATE

	PLEASE HEAD A	IL INSTRI	UCTIONS BEI	FORE CC	MPLETIN	G THIS FORM.			
				· · · · ·		FILED			
		Sar	ndra B. Mortman	n ;					
F	FOR	3 (ecretary of State		9	96 OCT 28 AH 11: 57			
REINST	TATEMENT			NS I		SECRETARY OF STATE			
JOCUN	MENT # 135000	00261	1			TALLAHASSEE, FLORIDA			
Corporation	Name	. n.,	\sim	ļ	10	-11/05/9601005003			
AN DIRI	RECT, INC.	light	1/2	•	I	####375.00 ####375.00			
Suncioal Place	e of Business	Mailing Address	- D	-					
AND COLLEGE	je BLVD.	4800 COLLEGE OVERLAND PAR	BLVD. 9K KS 66211)					
OVERLAND PA	ARK KS 66211				DEIN	STATEMENT 910			
It shows add	dresses are incorrect in any way, line the	rough incorrect info	ormation and enter corre g Office Address, If App	ection below. Nicable		naled or Qualified ess in Florida 05/26/1995			
2. New Princi	cipal Office Address, If Applicable				1	Applied For			
Suite, Apt. #.	, etc.	Suite, Apt. #, e	JIC.	<u> </u>	5. FEI Number	48-1000474 Not Applicable 1			
City & State		City & State	Country		6. CERTIFICATE	E CF STATUS CESIPED			
Зр	Country	Zip			1				
	and Street Addresses of Each Officer and	d/or Director (Flor	rida nonprofit corporation	Advess of Ear	nast 3 directors)	City / State / Zip			
7. Names ai	Name of Officers and/or Directors	<u></u>	3 (Do NOT Use	er and/or Directo Post Office Box	Numbers)	4			
Title(S)	2		BOB S. SOUTHLAK			HOLLYWOOD FL 33021			
Ρ	GOLDBERG, ARNOLD	•				OLATHE KS 66061			
- <u></u>	BLOOM, STAN		10500 HIGHLAND	LN.		INDEPENDENCE MO 64050			
S	HORNE, THOMAS		3600 N. PLEASAN	1	-				
			4201 N. OCEAN 1	BLVD., #C150	5	BOCA RATON FL 33431			
T	BLOOM, BENNET								
						0610-31-94			
1				·	9. Name an	d Address of New Registered Agent			
	8. Name and Address of Curr	rent Registered A	gent	Name					
GOL	LDBERG, ARNOLD			Street Addre	iss (P.O. Box Numb	ber is Not Acceptable)			
806	S. SOUTHLAKE BLVD. LLYWOOD FL 33021			Suite, Apt. #	, Elc.	I State Zip Code			
TUL				City		FL			
	<u> </u>		orporation, am lamiliar v	with and accept	the obligations of S	Section 607.0505, F.S.			
10, l, be	eing appointed the redistered agent of th	ilda	<u>)</u>			Date x 10/21/26			
		REGISTERIO	GENT MUST SIGN			(See other side for information			
11.	Does this corporation p Dept. of Revenue unde	ay any inta	Ingible tax to t 32. Florida Sta	the atutes.					
անի և	Dept. of nevenue ande				on as provided for it	in chapter 607 or 617, F.S. I further certify that when filing ments of section 607.0401 or 617.0401; F.S., that all fees on under section 119.07(3)(i), F.S. The information indicated			
12.1 a	ertify that I am an officer or director or th	e receiver or truste for dissolution has	been eliminated, the col	rporate name sa form do not qua	itisfies the requirem uity for an exemptic	in chapter 607 or 617, F.S. I further certify that with the sments of section 607.0401 or 617.0401, F.S., that all fees on under section 119.07(3)(i), F.S. The information indicated on under section 119.07(3)(i), F.S. The information indicated Group 22 .			
	s reinstatement application, the reason if we by the corporation bave been paid at 1 this application is not and accurate, any	nd the names or in d my sonature shi	all have the same legal (effect as if made	a under oam.	1 100922			
00.1	this sopilication is the area	$\tilde{\boldsymbol{J}}$	1171		·	10/21/9/ 0229			
		\mathcal{T}	he la			Date Daytime Phone #			
			IF OF SIGNING OFFICE	OR DIRECTOR					

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