FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90737 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80899

70040207

1. Entity Name
SPORT CONCEPTS, INC.

Principal Place of Business	Mailing Address
2201 W. SAMPLE RD. POMPANO BEACH, FL 33073	2201 W. SAMPLE RD. POMPANO BEACH, FL 33073

2. Principal Place of Business	3. Mailing Address
6831 W. Kendall Cir.	6831 W. Kendall Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth	City & State: Lake Worth
Zip: 33467 Country: Palm Bch.	Zip: 33467 Country: Palm Bch.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0116523 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTENSON, HAROLD J. JR.
2201 WEST SAMPLE ROAD
POMPANO BEACH, FL 33073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 [signature] X 4-9-03
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 Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHRISTENSON, HAROLD 2151 NE 44TH ST LIGHTHOUSE POINT, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 6831 W. Kendall Lake Worth 33467	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4-9-03 561-514-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #