FILED Aug 21, 2001 8:00 am Secretary of State DOCUMENT # N0000002740 1. Entity Name GIRL'S WORLD SPORTS, INC. 08-21-2001 90005 026 ****70.00 Principal Place of Business Mailing Address 9000 CYPRESS HOLLOW DRIVE 9000 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip 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 AKINS, WANDA J Street Address (P.O. Box Number is Not Acceptable) 9000 CYPRESS HOLLOW DRIVE PALM BEACH GARDENS FL 33418 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. П Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete Akins, Wanda J 9000 Cypress Hollow Dr. TITI F Addition ☐ Change AKINS, JERYL A NAME NAME 9000 CYPRESS HOLLOW DRIVE STREET ADDRESS STREET ADDRESS Palm Beach Gardens FL 33418 CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Akins, Jeryl A NEAL, JOHN: F NAME NAME 9000 Cypress Hellow Dr. Palm Beach Gardens, FL 33418 1126 W. 26TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP TITL Ë ☐ Delete TITLE ☐ Change Addition FREEMAN, LATOCSHA NAME NAME STREET ADDRESS 1610 MARTIN LUTHER KING BLVD. STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change 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 receive for trustee empowered to execute this report as required by Chapter 617, 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition