2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002908

Entity Name: SOUTH FLORIDA RAIDERS, INC.

FILED Sep 11, 2002 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 10915 NW 26TH PL SUNRISE, FL 33322 **Current Mailing Address: New Mailing Address:** 10915 NW 26TH PL SUNRISE, FL 33322 FEI Number: 65-1096500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALDORF, RICHARD J 10915 NW 26TH PL SUNRISE, FL 33322 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WALDORF, RICHARD J Name: Name: Address: 10915 NW 26TH PL Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: () Delete Title: (X) Change () Addition BISHOP, JAMES E LAMBDIN, KEITH J Name: Name: Address: 4320 SAINT CHARLES WAY Address: 6809 E. LONGBOWBEND City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: DAVIE, FL 33331 () Delete Title: Title: (X) Change () Addition BELL, DAN BELL, DAN Name: Name: 4283 CORAL SPRINGS DR Address: Address: 815 GRANT STREET City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: BIG RAPIDS, MI 49307 Title: () Delete Title: (X) Change () Addition WALDORF, MARY A Name: CASACCI, JOSEPH R Name: 1000 S ANDREWS 10915 NW 26TH PLACE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33324 City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J. WALDORF D 09/11/2002