

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90010 011 \*\*\*\*61.25

<b>DOCUMENT # N03000000269</b> 1. Entity Name <b>SPORTS MOBILITY SOLUTIONS FOUNDATION, INC.</b>					
Principal Place of Business <b>3401 SOUTH BEACH DRIVE TAMPA, FL 33629</b>				Mailing Address <b>3401 SOUTH BEACH DRIVE TAMPA, FL 33629</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BERKMAN, MONROE E 3401 SOUTH BEACH DRIVE TAMPA, FL 33629</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERKMAN, MONROE E		NAME	<b>D KEITH STULER</b>	
STREET ADDRESS	3401 SOUTH BEACH DRIVE		STREET ADDRESS	<b>CHILDREN'S GOLF FNDT, INC.</b>	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	<b>7301 N. HAVERHILL ROAD WEST PALM BEACH, FL 33407</b>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERKMAN, MYLES P		NAME	<b>D TIM ERB</b>	
STREET ADDRESS	C/O ASSOCIATED GROUP, 200 GATEWAY TOWERS		STREET ADDRESS	<b>ONE N. DALE MARRY SUITE 100</b>	
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERKMAN, STEPHEN L		NAME		
STREET ADDRESS	7262 FISHER ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33109		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <u>Monroe E Berkman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/15/04 (813)835-6390</u> <small>Date Daytime Phone #</small>		