2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011228

MAROLIS, GWYN E

ORLANDO, FL 32832

100 LAKE HART DRIVE-3500

Name:

Address:

City-St-Zip:

FILED May 05, 2006 Secretary of State

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Entity Nar	ne: SPOR	TAID INTERNATIO	NAL, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
100 LAKE I ORLANDO								
Current Mailing Address:				New Mailing Address:				
100 LAKE I ATTN: GEI ORLANDO	NERAL CO	UNSEL'S OFFICE						
FEI Number: In accordance		FEI Number Ap '.193(2)(b), F.S., the c	plied For() FEI Nur orporation did not receive t	nber Not Appl he prior notic	icable () e.	Certificate	of Status Desire	d (X)
Name and	Address o	of Current Registe	red Agent:	Name and	Address of	New Regist	tered Agent:	
MAROLIS, GWYN E 100 LAKE HART DR3500 ORLANDO, FL 328320100 US				BRAWN, KAREN 100 LAKE HART DR3500 ORLANDO, FL 328320100 US				
The above in the State	named ent of Florida.	ity submits this stat	ement for the purpose o	of changing it	ts registered	office or reg	istered agent,	or both,
SIGNATURE: KAREN BRAWN				05/05/2006				
	Elect	ronic Signature of I	Registered Agent			Da	ate	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	100 LAKE H	() Delete 5, STEPHEN B IART DR2100 FL 328320100		Title: Name: Address: City-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:		() Delete IOHN IART DR2100 FL 328320100		Title: Name: Address: City-St-Zip:	(()Change ()	Addition	
Title: Name: Address: City-St-Zip:	D TRAVASOS 20385 64TH LANGLEY, I			Title: Name: Address: City-St-Zip:	TRAVASOS,	ST HIGHWAY 1		
Title:	AS	(X) Delete		Title:	(() Change ()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT A. TRAVASOS D 05/05/2006