2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Apr 21, 2003 8:00 am Secretary of State

1. Entity Nan	IMENT # N09229 OUTH SPORTS, INC.				03-17-2003 9010			
Principal Place 4200 DIKE RO WINTER PARK US		Mailing Address P.O. 80X 620827 OVIEDO FL 32762			ITĀ ADVID AIDDS ZADIS PSAIS SISTE SIST	aur Al e ds Strik eldli	Ž(B)) (TČ)	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	G CHANGES		
City & State		City & State		4. FEI Number 50	-2552000		lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Addit	lonal	
	6. Name and Address of Current I	Registered Agent	Name 5	7. Name and Add	ress of New Registered	Agent		
40 mg ,	range in the second		Name 1	2-00-	Pietra			
	HERBST		Street Addres	Street Address (P.O. Box Number is Not acceptable)				
3136 HEART LEAF PLACE WINTER PARK FL 32792				3725 N.	JT. NUCICO	rive		
		_	City Wi	ster Socia	, FL	Zip Code	108	
8. The above	e named entity subglits this statement for	the purpose of changing its re	egistered office or regis			familiar with, ar	nd accept	
the obligat	tions of registered agent.	/						
SIGNATURE	Signature, typed or printed name of regisferely agent a		nee Fefer Registered Agent eigneture requ	President	DATE'	-27-63	3_	
	511 E NOTH FEE 19 454 05	. 5			Make Chas	te Daviet la te		
,	FILE NOW: FEE IS \$61.25	Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees		k Payable to tment of St		
	*	Trust Fund Co	ntribution.	Added to Fees	Florida Depar	tment of St	ate	
10.	OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHANGE		rtment of St	ate 0	
10.	OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHANGE	Florida Depar	RECTORS IN 1	ate 0	
10. Title Name	OFFICERS AND DIR PDD HERBST, KEVIN	Trust Fund Co	11. TITLE NAME	Added to Fees ADDITIONS/CHANGE	Florida Depar	RECTORS IN 1	ate 0	
10.	OFFICERS AND DIR PDD HERBST, KEVIN 3136 HEART LEAF PL	Trust Fund Co	11. TITLE NAME	Added to Fees ADDITIONS/CHANGE TC Si COLT CICLE PICTO 725 N. St.L.	Florida Depar	RECTORS IN 1	ate 0	
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF PICER OR DIRECTOR

MEASURER

1-27-03

407-327-333