
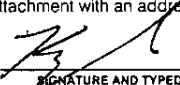


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90075 028 ****61.25

| | | | | | |
|--|------------------------------------|---|---|---|--|
| DOCUMENT # N12044 1. Entity Name INTERNATIONAL SPORTS COALITION, INC. | | | |  | |
| Principal Place of Business 6900 S GRAY ROAD INDIANAPOLIS, IN 46237 US | | | | Mailing Address 6900 S GRAY ROAD INDIANAPOLIS, IN 46237 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2681356 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WEST, PAUL S ESQ 600 S. ORLANDO AVE SUITE 301 MAITLAND, FL 32751 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | CD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARSTEN, CASSIE | | NAME | | |
| STREET ADDRESS | 1/1 BANGNOEK ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | STELLENBOSCH 7600, | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLSON, DAVID | | NAME | | |
| STREET ADDRESS | 20 ALKARINGA ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | YOWIE BAY NSW 2228, | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOZNIAK, MICHAEL | | NAME | | |
| STREET ADDRESS | 3000 KRAFT AVE SE | | STREET ADDRESS | | |
| CITY-ST-ZIP | GRAND RAPIDS, MI 49501 | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JACKSON, KYLE | | NAME | Jackson, Kyle | |
| STREET ADDRESS | 2600 N 23RD ROAD | | STREET ADDRESS | 6900 S. Gray Road | |
| CITY-ST-ZIP | ARLINGTON, VA 22207 | | CITY-ST-ZIP | Indianapolis, IN 46237 | |
| 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 exemptions contained 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 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:  | | | KYLE JACKSON | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 2-1-07 Daytime Phone #: 317-783-5461 | | |

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