

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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



01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2681356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S ESQ
600 S. ORLANDO AVE
SUITE 301
MAITLAND, FL 32751

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CARSTEN, CASSIE
STREET ADDRESS	1/1 BANGNOEK ROAD
CITY-ST-ZIP	STELLENBOSCH 7600,
TITLE	PD
NAME	WILLSON, DAVID
STREET ADDRESS	20 ALKARINGA ROAD
CITY-ST-ZIP	YOWIE BAY NSW 2228,
TITLE	SD
NAME	WOZNIAK, MICHAEL
STREET ADDRESS	3000 KRAFT AVE SE
CITY-ST-ZIP	GRAND RAPIDS, MI 49501
TITLE	TD
NAME	JACKSON, KYLE
STREET ADDRESS	6900 S GRAY RD
CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-80009-025 61.25

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IN THIS SPACE**

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 E JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08
Date

317.783.5461
Daytime Phone #