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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
04-02-2001 90304 041 ****61.25

DOCUMENT # N98000004298

1. Entity Name
WESTON SPORTS ALLIANCE, INC.

Principal Place of Business	Mailing Address
2690 CYPRESS LANE WESTON FL 33332	2690 CYPRESS LANE WESTON FL 33332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16900 S.W. 5TH ST.	16900 S.W. 5TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: BROWARD	Zip: 33326 Country: BROWARD

4. FEI Number: 65-0852166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIEGLER, STEVEN 4000 HOLLYWOOD BLVD SUITE 3755 HOLLYWOOD FL 33021	Name: SCOTT ANDRESEN Street Address (P.O. Box Number Is Not Acceptable): 16900 S.W. 5TH ST. City: WESTON, FL FL Zip Code: 33326

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.

SIGNATURE: Scott L Andresen 3/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZIEGLER, STEVEN 2690 CYPRESS LANE WESTON FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D SCOTT ANDRESEN 16900 S.W. 5TH ST. WESTON, FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DRUCKER, CRAIG 1304 SW 160TH AVENUE #112 SUNRISE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERRI, GERARD 1026 CREEKFORD DRIVE WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: Scott L Andresen REQUIRED 3-26-01 954-384-2127
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #