2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# N99000003594

Entity Name: LEG-A-Z SPORTS ACADEMY, INC.

Current Principal Place of Business:

3702 SW 82ND ST
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3702 SW 82ND ST
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3589896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZ-COY, NORMAN
3702 SW 82 STREET
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FITZ-COY, NORMAN
Address: 3702 SW 82 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete
Name: BENJAMIN, BASIL
Address: 3702 SW 82 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: RAINFORD, NEIL
Address: 3702 SW 82 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete
Name: CHUNG, NATALIE
Address: P O BOX 141656 N/A
City-St-Zip: GAINESVILLE, FL 326141656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: NORMAN FITZ-COY PD 04/29/2002

Electronic Signature of Signing Officer or Director — Date