## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2001 8:00 am<sup>3</sup> Secretary of State DOCUMENT # P0000009537 1. Entity Name 05-16-2001 90387 026 \*\*\*158.75 SHE SPORTS MANAGEMENT, INC. Principal Place of Business Mailing Address 128 EAST LIVINGSTON STREET SUITE 100 128 EAST LIVINGSTON STREET SUITE 100 ORLANDO FL 32801 ORLANDO FL 32801 D0053925 3. Mailing Address 2. Principal Place of Business 302 East Robinson S Robinson St. 1302 East Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Criando 59-3261369 rlando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERONICA VALDEZ SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 1302 East Robinson Street 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 PRESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD ☐ Change ☐ Addition ☐ Defete TITLE TITLE VALDEZ, VERONICA NAME NAME 128 EAST LIVINGSTON STREET SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete Change ☐ Addition TITLE TITLE JACKSON, VERAUNDA I NAME NAME STREET ADDRESS 128 EAST LIVINGSTON STREET SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE . 🔲 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.