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Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91434 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022314

90112155

1. Entity Name
BEST OF SPORTS WHOLESALE & DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN COVERT, P.A. 5606 PGA BLVD, SUITE 211 PALM BEACH GARDENS, FL 33418	C/O STEPHEN COVERT, P.A. 5606 PGA BLVD, SUITE 211 PALM BEACH GARDENS, FL 33418

2. Principal Place of Business		3. Mailing Address	
C/O ROBERT A. YASTRZEMSKI		C/O ROBERT A. YASTRZEMSKI	
Suite, Apt. #, etc.: 401 LAKE SHORE DR #704		Suite, Apt. #, etc.: 401 LAKE SHORE DR #704	
City & State: LAKE PARK, FL		City & State: LAKE PARK, FL	
Zip: 33403	Country: USA	Zip: 33403	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2232816 ☐ 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
COVERT, STEPHEN 5606 PGA BLVD, SUITE 211 PALM BEACH GARDENS, FL 33418	Name: ROBERT A. YASTRZEMSKI Street Address (P.O. Box Number is Not Acceptable): 401 LAKE SHORE DR # 704 City: LAKE PARK FL Zip Code: 33403

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] 4/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YASTREMZSKI, ROBERT A		NAME		
STREET ADDRESS	401 LAKESHORE DR. #704		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33403		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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: [signature] 4/22/03 561-882-1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #