2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000024744 DOCUMENT # 1. Entity Name 03 JUL 28 AM 10: 56 SPORTS FANS OF AMERICA ASSOCIATION, INC. SECRETARY OF STATE ALLARIASSISE FLORIDA Principal Place of Business Mailing Address 3320 NE KENSINGTON PLACE 3320 NE KENSINGTON PLACE HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 118 Mailing Address
P.O. Box 57878 2. Principal Place of Business 12346 FEACH ORCHARA RA Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For & State City & State 4. FEI Number 59-3646407 JACKSONVIL PACKSONVILLE. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ---ENWALL PETER C Street Address (P.O. Box Number is Not Acceptable) 2790 NW 43 STREET STE 200 GAINESVILLE FL 32606 Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition TITLE HUTCHERSON, ROBERT D JR. HUTCHERSON, ROBERT D JR NAME NAME 12346 PEACH ORCHARD RD. 3320 NE KENSINGTON PLACE CR2E034 STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, PL 32223 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY: ST-ZIP CSTY-ST-7IP= ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS 900021833269 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. STOCKERSON JR. 904-608-1120

7/14/2003-90165-043-\$150.00-\$150.00

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