2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM Secretary of State

DOCUMENT # P00000025226	
1. Entity Name ESPORDZ, INC.	
LOI ONDE, INO.	



Principal Place of Business

8701 KENMURE COVE ORLANDO, FL 32836

Mailing Address

8701 KENMURE COVE ORLANDO, FL 32836



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01142008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3635203		Applied For
		Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

MESHOVER, STEPHEN 8701 KENMÜRE COVE ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	Lappincable. (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be	all the same of th
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESHOVER, STEPHEN 8701 KENMURE COVE ORLANDO, FL 32836			A complete to the property of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the second of the	000000788231 01/18/08-80033-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO.	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 witl raddress, with all other like empowered.

SIGN	IATU	JRE:
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CITY-ST-ZIP

Stephen Meshover TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

631-669-0494

Daytime Phone #