

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90212 015 ***150.00

UBR1508 AI

DOCUMENT # P00000027050
1. Entity Name
 FLORIDA SPORTS PRODUCTIONS, INC.

Principal Place of Business 1503 US HWY 92 W
 STE 100
 AUBURDALE FL 33823
Mailing Address PO BOX 450065
 KISSIMMEE FL 34745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 575 SELLARS DR
 Suite, Apt. #, etc.
3. Mailing Address 575 SELLARS DR.
 Suite, Apt. #, etc.

City & State LAKE ALFRED FL
City & State LAKE ALFRED FL
Zip 33850 **Country** FLORIDA
Zip 33850 **Country** USA

4. FEI Number 59-3632364
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURPHY, PAULA J
 1492 MILL SLOUGH RD.
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
Name WILLIAM C MARTINO
Street Address (P.O. Box Number is Not Acceptable) 575 SELLARS DR.
City LAKE ALFRED **FL** **Zip Code** 33850

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.
SIGNATURE William C Martino **DATE** 4/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE VP NAME MARTINO, WILLIAM C JR. STREET ADDRESS 3401 OLD POLK CITY RD. CITY-ST-ZIP LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE P NAME MARTINO, WILLIAM C STREET ADDRESS 575 SELLARS DR CITY-ST-ZIP LAKE ALFRED FL 33850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: WILLIAM C MARTINO **DATE** 4/29/02 **Daytime Phone #** 863 956-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)