

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041248

1. Entity Name
SPORTSWEB.COM, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90114 016 ***158.75

Principal Place of Business
1819 MAIN STREET, 11TH FLOOR
SARASOTA FL 34236

Mailing Address
1819 MAIN STREET, 11TH FLOOR
SARASOTA FL 34236

2. Principal Place of Business
321 N. Kentucky Avenue

3. Mailing Address
321 N. Kentucky

Suite, Apt. #, etc.

Suite 1

City & State
Lakeland, FL

Zip
33801

Country
USA

Suite, Apt. #, etc.

Suite 1

City & State
Lakeland, FL

Zip
33801

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASTROPIETRO, DONALD R
1819 MAIN STREET, 11TH FLOOR
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Donald R. Mastropietro

Street Address (P.O. Box Number is Not Acceptable)

321 N. Kentucky Avenue

Suite 1

City Lakeland

FL

Zip Code
33801

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 Donald R. Mastropietro, Donald R. Mastropietro, President 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C.P. ☐ Delete
NAME Donald R. Mastropietro
STREET ADDRESS 321 N. Kentucky Avenue, Suite 1
CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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.

SIGNATURE: Donald R. Mastropietro, Donald R. Mastropietro, President 4/26/01 941-914-0763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)