FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

DOCUMENT # P00000047660					04-29-2002 90084 009 ***1 50.00			
1. Entity Name RED DRAC	GON SOCCER ACA	DEMY, INC.						
					_			
DO	NOT WRITE	IN THIS S	PACE					
2. Principal Place of Business 3. Mailing Address 525 38th AVENUE P.O. BOX 251								
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State					DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
VERO BEACH, FL VE			ERO BEACH, FL		59-3648342		Not Applicable	
Zip 32968	Country	Zip 32962	Countr	y 	5. Certificate of Status Desired	Fee Req	Additional uired	
	-			Name	7. Name and Address of Current Register	ed Agent		
DO NOT WRITE LEWIS,					DYLAN ss (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				525 38	8th Avenue			
				City VERO B	EACH FL Zip Code 32968			
8. The above na	amed entity submits this stateme	ent for the purpose of cha	anging its reg		registered agent, or both, in the State of Flori		700	
	•							
SIGNATURE Signature	gnature, typed or printed name of regi	istered agent and title if appl	licable. (I	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) January 1 - May 1 After May 1, Fe Amended UB Make Check Payable to				is \$550.00 is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	_ `	5.00 May Be dded to Fees	
11.	OFFICERS AND	DIRECTORS	ппь				<u></u>	
	PD LEWIS, DYLAN						CR2E034B (12/01)	
	ADDRESS 525 38th AVENUE			ET ADDRESS - ST - ZIP			034	
TITLE	VERO BEACIT, FI	32300	TITLE				CR2	
NAME STREET ADDRESS			NAM! STRE	ET ADORESS				
CITY - ST - ZIP	<u> </u>			- ST - ZIP		· 		
TITLE NAME			TITLE NAMI					
STREET ADDRESS CITY - ST - ZIP			ET ADDRESS - \$T - ZIP	DO NOT WRITE				
TITLE			·ππ.		IN THIS SPA	CE		
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS				
CITY - ST - ZIP				- ST - ZIP				
TITLE NAME			TITLE NAME	· I			Ì	
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS - ST - ZIP			·	
TITLE			TITL					
NAME STREET ADDRESS			STRE	E EET ADDRESS				
CITY - ST - ZIP		the state of the state was a		- ST - ZIP	ed in Section 110 07/3)(i) Florida Statutes I fo	inther certif	fy that the	
information i	adjusted on this concet or europle	emental report is true and receiver or trustee emp	d accurate ar owered to ex	nd that my signal ecute this report	ed in Section 119.07(3)(i), Florida Statutes. I future shall have the same legal effect as if made tas required by Chapter 607, Florida Statutes	se unaer oa	aun unarrann 1	
SIGNATURE: DYLAN LEWIS 4-14-02 772-532-6748								
		P PRINTED NAME OF SIG	NING OFFICE	R OR DIRECTOR	Date Day	time Phone i	#	