Sent By: ACCOUNTING OFFICES; 1 954 964 5309; Apr-.

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91757 023 ***150.00

DOCUMENT # P00000056809

1. Entity Name

T.A.D.S Sports, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18331 Pines Blvd.	18331 Pines Blvd.
Suite, Apt. #, etc. # 109	Suite, Apt. #, etc. #109
City & State Pembroke Pines	City & State Pembroke Pines FL
Zip 33029 Country	Zip 33029 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1011472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name William Wiener CPA

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

4310 Sheridan St #202

City Hollywood FL Zip Code 33021

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 _____ DATE

Signature, typed or printed name of Registered Agent and title if applicable (If FL Registered Agent signature required where indicated)

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 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD
NAME	Michael Marziotto
STREET ADDRESS	14359 Miramar Parkway
CITY-ST-ZIP	Miramar, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	18331 Pines Blvd #109
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information contained with this filing does not qualify for the exemptions 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Pres, Michael Marziotto / /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #