

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000072385**  
 1. Entity Name  
**FLEXIN ATHLETICS, INC.**

Principal Place of Business Mailing Address  
**2706 EAST GRAND RESERVE CIRCLE CLEARWATER, FLORIDA 33759** **P.O. BOX 16433 CLEARWATER, FLORIDA 33766-6433**

2. Principal Place of Business *Circle 9* 3. Mailing Address  
**2706 EAST GRAND RESERVE SUITE, APT. #, etc.** **POST OFFICE BOX 16433 SUITE, APT. #, etc.**

05-18-2001 91581 022 \*\*\*150.00  
 P00000072385  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 SEP 21 PM 2:06

**A0070094**

DO NOT WRITE IN THIS SPACE

City & State **FLORIDA** City & State **FLORIDA** 4. FEI Number **58-2574631** Applied For  Not Applicable  
 Zip **33759** Country **USA** Zip **33766-6433** Country **USA** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**SAYD ISAAC DANIEL**  
**2706 EAST GRAND RESERVE CIRCLE # 1115**  
**CLEARWATER, FLORIDA 33759**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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. Elect on Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/CEO</b> <b>ISAAC DANIEL</b> <b>2706 EAST GRAND RESERVE CIRCLE</b> <b>CLEARWATER, FLORIDA 33759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT OPERATIONS</b> <b>CONRAD HILL</b> <b>1614 WESTWOOD AVE</b> <b>ATLANTA, GA 30310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT ADMIN/TREASURER</b> <b>MICHELLE ELVIS DANIEL</b> <b>400 WENDELL CT SUITE 450</b> <b>ATLANTA, GA 30336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT LEGAL AFFAIRS</b> <b>SECRETARY FRANCES E. PACE, ATL, GA.</b> <b>7350 CARDIGAN CIRCLE, NE 30324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT INVESTMENT RELATION</b> <b>WILLIAM E. NOWLIN</b> <b>1044 S SUMMERBREEZE LANE</b> <b>ANAHEIM, CA 92808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 persons empowered.

**SIGNATURE:**  **FRANCES E. PACE, V.P.** Date **9/30/01** Daytime Phone # **(678) 731-0554**

CR2E034 (1/1/00)

**AD**