_2001 UNIFOR	M BUSINESS	S REPOR	T (UBR)			
DOCUMENT # POODOOOS 766 1. Entity Name - Bliss Sports Inc.				PILEU PLECKETARY OF STATE PLYISION OF CORPORATIONS		
Principal Place of Business SOI IUEY LN. T.S. F1. 34688 Mailing Address 501 IUEY LN. T.S. F1. 34688				01 OCT 19 PM12: 36		
Suite, Apt. #, etc.	Suite, A	2320 C Apt. #, etc.	15. 19 N		TE IN THIS SPACE	
	ess of Current Registered A	egen Spi	Name Ju	4. FEI Number \$136750 5. Certificate of Status Desired 7. Name and Address of New R \$400000000000000000000000000000000000	\$8.75 Additional Fee Required	
Mulloy Sustan Street Address (P.O. Box Number Is Not Acceptable) Soi IUEY LW. I.S. F.I. 34689 City Tarpan Springs FL Zip Code 34689 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, lighte State of Florida.						
SIGNATURE Signature Typed or printed name of registered agent and title if applicables (ROTE: Registered Agent signature required when reinstating) DATE						Manufacture of the state of the
NAME STREET ADDRESS 39320 US	OFFICERS AND DIRECTORS	Delete 1	Department of State 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI	Change Addition	:034 (11/
TITLE NAME Kendia Restreet ADDRESS 39320 US		Delete 1	TITLE VAME STREET ADDRESS CITY-ST-ZIP HTLE	· ****** ↑ ****** ↑ ****** ↑ ****** ↑ ******	50.00 **** 50 00 doi:lioi	The state of the s
NAME STREET ADDRESS CITY-ST-ZIP		N S	VAME STREET ADORESS CITY-ST-ZIP		☐ Change ☐ Addition	The second secon
NAME STREET ADDRESS CITY-SI-ZIP TITLE	CITY Delete TITLE				Clange Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY. Delete TITLE				Change Addition	The state of the s
NAME STREET ADDRESS CITY-ST-ZIP 13. It hereby certify that the information indicated on this report or supple	on supplied with this filling do	s	NAME STREET ADDRESS CITY-ST-ZIP exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify that the information ath; that I am an officer or director	
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: SIGNATURE: Date Dat						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLISS SPORTS, INC 39320 HWY 19N TARPON SPRINGS, FL 34689 727-944-4542

August 28, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302

RE: E

Bliss Sports, Inc 39320 US Hwy 19N Tarpon Springs, FL 34689 P-85766

Please make the change in address to your records concerning Bliss Sports, Inc. We are enclosing \$150.00 to satisfy the Uniform Business Filing. We only received notice of this fee after the deadline was passed, therefore we were unable to pay timely.

Sincerely

Justin Mulloy, President