2003 FOR PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P00000094077 DOCUMENT # 1. Entity Name 03-03-2003 90905 047 ***150.00 HORIZON SPORTS, INC. Principal Place of Business Mailing Address 301 YAMATO RD 301 YAMATO RD 2195 2195 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3632293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent shanem , amir Street Address (P.O. Box Number is Not Acceptable) 1010 SW 46TH AVE #212 4045 SW 15th Street POMPANO BEACH FL 33069 Zip Code 33069 8. The above named entity submits this state ment for the oose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DDE PDM ☐ Delete PDM TITLE Change ☐ Addition . AMIR NAME NAME Chanem Amir 1010 SW 46TH AVE #212 STREET ADDRESS STREET ADDRESS 4045 SW 15th Street # G3/2 CITY-ST-ZIP POMAPNO BEACH FL 33069 CITY-ST-7IP Pompano TITLE ☐ Delete Addition NAME BERTIN, ANDREA N NAME Andrea Bertin STREET ADDRESS 1010 SW 46TH AVE #212 STREET ADDRESS P.O BOX 9192 CITY-ST-ZIP POMAPNO BEACH FL 33069 CITY-ST-ZIP Ft Landerdak TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 trule 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

13JAN03

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Addition

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CR2E034 (10/02)