2001 UNIFORM BUSINESS REPORT (UBR)

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Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90046 004 ***150.00

0501967

DOCUMENT # P00000105989

1. Entity Name

PACIFIC TRADING SPORTS CORPORATION

Principal Place of Business	Mailing Address
PO BOX 450901 MIAMI FL 33245	PO BOX 450901 MIAMI FL 33245

524735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] Applied For [ ] Not Applicable

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
MASSUH, MICHELLE FOX 1541 BRICKELL AVE SUITE 507 C MIAMI FL 33129	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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) [X]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIMENEZ, VICTOR LOPEZ 1541 BRICKELL AVE STE 507 C MIAMI FL 33129	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDS, NEAL A 32 RIVER TRAIL DRIVE INGLIS FL 34449	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTON, MARY KATHRYN 1541 BRICKELL AVE STE 507 C MIAMI FL 33129	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSUH, MICHELLE FOX 1541 BRICKELL AVE STE 507 C MIAMI FL 33129	[ ] Delete	President Massuh, Michelle Fox 1541 Brickell Ave Ste 507-C Miami, FL 33129	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OCUTO, VINCENT L 30451 SW 217 AVE HOMESTEAD FL 33030	[X] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition

CR2E034 (10/00)

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: Michelle Fox Massuh Director April 5, 2001 305-285-9312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle Fox Massuh President

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Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 01/15/01

0716
Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Pacific Trading Sports Corp.
P.O. Box 450901
Miami, FL 33245

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
   A. Corporation - President, Vice President, other principal officer or member of LLC.
   B. Partnership - General partner or member of LLC.
   C. Trust -- Grantor/Trustor (if Grantor is deceased, need SSN of Trustee as well).
   D. Estate – Decedent on line 8a.
   E. Non-Resident/Canadian Citizen – Copy of social security card, passport, visa, birth certificate, or driver's license.
   F. Other – Owner, Sole Proprietor or Non-Profit Organization.
   G. Copy of social security card (the name does not match the SSN on our records).

2. Mailing Address / Location Address of Business.

3. Business Operational Date on line 10 of Form SS-4.
   A. Corporation – Date business started or acquired.
   B. Partnership – Date partnership agreement went into effect.
   C. Trust – Date trust was created or funded.
   D. Estate – Date of death of the decedent.
   E. Other – Date business or organization started.

4. Fiscal Year Month on line 11 of Form SS-4.

5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).

6. Telephone Number of Business on line 17c of Form SS-4.

7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.

8. A "Limited Liability Company" can file either as a Corporation, Partnership, Disregarded Entity Sole Proprietor , or Disregarded Entity Corporation. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members.

(over)

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Form **SS-4** (Rev. February 1998) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)

PACIFIC TRADING SPORTS CORPORATION

2 Trade name of business (if different from name on line 1)

n/a

3 Executor, trustee, "care of" name

n/a

4a Mailing address (street address) (room, apt., or suite no.)

PO BOX 450901

5a Business address (if different from address on lines 4a and 4b)

n/a

4b City, state, and ZIP code

MIAMI, FL 33245

5b City, state, and ZIP code

n/a

6 County and state where principal business is located

DADE, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or EIN may be required (see instructions) ►

MICHELLE FOX MASSUH 336-5[illegible] 140[illegible]

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- [ ] Sole Proprietor (SSN)
- [ ] Estate (SSN of decedent)
- [ ] Partnership
- [ ] Personal service corp.
- [ ] Plan administrator (SSN)
- [ ] REMIC
- [ ] National Guard
- [ ] Other corporation (specify) ►
- [ ] State/local government
- [ ] Farmers' cooperative
- [ ] Trust
- [ ] Church or church-controlled organization
- [ ] Federal government/military
- [ ] Other nonprofit organization (specify) ► (enter GEN if applicable)
- [X] Other (specify) ► 1120

8b If a corporation, name the state or foreign country (if applicable) where incorporated ► State FL Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- [X] Started new business (specify type) ► 11/13/00
- [ ] Banking purpose (specify purpose) ►
- [ ] Changed type of organization (specify new type) ►
- [ ] Purchased going business
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a trust (specify type) ►
- [ ] Created a pension plan (specify type) ►
- [ ] Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions) 12

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ► Nonagricultural | Agricultural | Household

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? [ ] Yes [X] No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. [ ] Business (wholesale) N/A

[ ] Public (retail) [ ] Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (30[illegible]) 28[illegible]-9312

Name and title (Please type or print clearly.) ► MICHELLE [illegible] X M[illegible] [illegible], PRES

Fax telephone number (include area code) (30[illegible]) 232-1685

Signature ► [signature] Date ► [illegible]uary 9, 2001

Note: Do not write below this line. For official use only.

Please leave blank ► Geo. | Ind. | Class | Size | Reason for applying

For Paperwork Reduction Act Notice, see instructions.