

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 016 ***150.00

DOCUMENT # P01000011014

1. Entity Name

SPORTZTIME, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14210 Carlson Circle

Suite, Apt. #, etc.

3. Mailing Address

3355 Bearss Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33626

Country

USA

City & State

Tampa, Florida

Zip

33618

Country

4. FEI Number

58-2598516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Walter Sanders

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

3355 Bearss Avenue

City

Tampa

FL

Zip Code

33618

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter Sanders

Walter Sanders

3/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mesnekoff, Bruce</u> <u>14210 Carlson Circle</u> <u>Tampa, Florida 33626</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mesnekoff, Jill</u> <u>14210 Carlson Circle</u> <u>Tampa, Florida 33626</u>
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Mesnekoff

Bruce Mesnekoff

3/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)