

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
05-13-2002 90094 032 \*\*\*150.00

**DOCUMENT #** P01000012151

**1. Entity Name**  
Octavian Sports Marketing, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** 13209 Highland Chase Place  
Suite, Apt. #, etc.

**3. Mailing Address** 13209 Highland Chase Place  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Fort Myers, FL  
**Zip** 33913  
**Country** USA

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**Zip** 33913  
**Country** USA

**4. FEI Number** 65-1086610  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**  
**Name** Vincent O. Mitchell  
**Street Address (P.O. Box Number is Not Acceptable)** 13209 Highland Chase Place  
**City** Fort Myers **FL** **Zip Code** 33913

**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** Vincent O. Mitchell

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4-26-02

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Vincent O. Mitchell	13209 Highland Chase Place	Fort Myers, FL 33913
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Vincent O. Mitchell Vincent O. Mitchell 4-26-02 239-561-6943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #