2002 UNIFORM BUSINESS REPORT (UBR)

Jun 10, 2002 8:00 am Secretary of State P01000014528 DOCUMENT # 05-09-2002 90017 032 ***150.00 1. Entity Name BOBBY GOLD'S FIRST SPORTS GROUP INTERNATIONAL, I NC. Principal Place of Business Mailing Address 92200 2333 NORTH STATE ROAD 7 2333 NORTH STATE ROAD 7 SUITE D SUITE D MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 470) N. S. MILITARY TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State FEL Number Pom Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURY, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 3325 SW 2ND COURT DEERFIELD BEACH FL 33442 City 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. CHARLES BURY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRIJIDWI CR2E034 (9/01) TITLE Detete TITLE Change MANAF NAME STREET ADDRESS STREET ADDRESS 33447 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS چيد مه CITY-ST-70 C/TY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED