FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90147 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90065523

DOCUMENT # P01000024401

1. Entity Name
SPORTSMANSCHANNEL.COM, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 380699 MURLOCK, FL 33938	22942 CAPTAIN KIDD LN CUDJOE KEY, FL 33042

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
P.O. Box 380699		P.O. Box 380699	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MURDOCK, FL		City & State: MURDOCK, FL	
Zip: 33938	Country	Zip: 33938	Country

4. FEI Number: 65-1083944 — 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
LENZA, HELEN G 225 FLAMINGO BLVD PORT CHARLOTTE, FL 33954	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LANGER, ALEXANDER G 94 ST ROSE ST JAMAICA PLAIN, MA 02130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER G. LANGER / AL [signature] 3/11/03 (617) 522-4889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #