

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90149 050 \*\*\*150.00

DOCUMENT # P 01000038611  
1. Entity Name

SKY SPORTS INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

400 WEST AIRPORT DR.

3. Mailing Address

P.O. Box 781012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

4. FEI Number

65-1099651

Applied For

Not Applicable

Zip

32958

Country

US

Zip

32978-1012

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

VICEMAR MOREIRA

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

400 WEST AIRPORT DRIVE

City

SEBASTIAN

FL

Zip Code  
32958

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02  
DATE

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	PD VICEMAR MOREIRA 400 WEST AIRPORT DRIVE SEBASTIAN FL 32958
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02

CR2E034B (12/01)