FILED

02 JUL 26 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057771

1. Entity Name
Sports World Marketing, Inc.
(formerly Merbanco, Inc.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
44 Victoria Street	44 Victoria Street
Suite 1701	Suite 1701
Toronto, Ontario	Toronto, Ontario
Zip M5C 1Y2 Country Canada	Zip M5C 1Y2 Country Canada

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0376774 ☐ 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: Richard P. Greene, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2455 East Sunrise Blvd
Suite 905
City: Fort Lauderdale FL Zip Code: 33304

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 _____ DATE
Signature, typed or printed name of individual signing and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	F. Bryson Farrill – director 44 Victoria Street, Suite 1701 Toronto, Ontario, Canada M5C 1Y2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nora Trombetta – Director 44 Victoria Street, Suite 1701 Toronto, Ontario Canada, M5C 1Y2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph Parolini – P/director 44 Victoria Street, Suite 1701 Toronto, Ontario, Canada, M5C 1Y2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E084B (12/01)

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 reports 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: J.P. Parolini July 23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

js 7/30/02