2006 FOR PROFIT CORPORATION

Jun 02, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000072761** 06-02-2006 90003 011 ***150.00 1. Entity Name FINISH LINE, INC. Principal Place of Business Mailing Address 50020440 120 N. PLUMOSA STREET P.O. BOX 541540 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32954 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 05042006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3738414 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAUCCI, JOHN --Street Address (P.O. Box Number is Not Acceptable) 1480 MERCURY ST MERRITT ISLAND, FL 32953 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. 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) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE ☐ Change ☐ Addition NAME RAUCCI, JOHN NAME STREET ADDRESS 1480 MERCURY ST STREET ADDRESS MERRITT ISLAND, FL 32953 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Detete ☐ Change ☐ Addition TAYLOR, MARY J NAME NAME 250 S. SYKES CREEK PKWY UNIT 709 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

FILED