2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90191 029 ***150.00

DOCUMENT # P01000072881

1. Entity Name
SPORTS HOUSE, INC.

Principal Place of Business	Mailing Address
607 WEST BAY ST TAMPA, FL 33606	607 WEST BAY ST TAMPA, FL 33606

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
807 E. Euarce Ave.	P.O. Box 152516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl. [redacted]	City & State: TAMPA, FL
Zip: 336[redacted]06 Country: USA	Zip: 33684 Country: USA

4. FEI Number: 59-3732069 ☐ 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
HUPP, ANDREW 607 WEST BAY ST TAMPA, FL 33606	Name: W. Gregory Tear Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 152516 TAMPA, FL. 33684 8530 N. Newport Ave. City: Tampa, FL Zip Code: 3360[illegible]

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: W. Gregory Tear W. Gregory Tear, Treas. 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	DPST HUPP, ANDREW 745 BAY ESPLANADE CLEARWATER, FL 33767	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURNS, KEVIN 4508 BROOKWOOD DRIVE TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kevin J. Burns 4508 Brookwood Dr. Tampa, Fl. 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer W. Gregory Tear 8530 N. Newport Ave. Tampa, FL. 33604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Thomas P. Scarritt 824 S. Orkana Ave. Tampa, Fl. 336	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: W. Gregory Tear Treas. W. Gregory Tear 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #