2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 06, 2008 8:00 am Secretary of State		
DOCUMENT # P01000074668 1. Entity Name CN MOTORSPORTS, INC.					02-06-2008 90023 035 ***150.00	
Principal Place of Business Mailing Address 1877 SOUTH FEDERAL STE 304 1877 SOUTH FEDERAL STE 30 BOCA RATON, FL 33432 BOCA RATON, FL 33432			)4	40018d20		
DO NOT WRITE IN THIS SPACE				01072008 No Chg-P CR2E034 (11/05)   4. FEI Number Applied For   22-3850434 Not Applicable   5. Certificate of Status Desired \$8.75 Additional   Fee Required Fee Required		
1877 SOU STE 304	6. Name and Address of Cu , THOMAS L ITH FEDERAL HIGHWAY TON, FL 33432	rrent Registered Agent	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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P NEWMAN, CHRISTOPHER 1877 SOUTH FEDERAL HII BOCA RATON, FL 33432					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, THOMAS L 1877 SOUTH FEDERAL HIGHWAY STE #304 BOCA RATON, FL 33432					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 the empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

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