## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 08:00 AM Secretary of State

| Entity Nam<br>SPORTW  Principal Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ORKS, INC.                                                          | lailing Address                              |                               |                           |                                                                                                                 | v                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 12107 LYME<br>COOPER CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | 12107 LYMESTONE WAY<br>COOPER CITY, FL 33026 |                               | ) ( <b>111) (11) (11)</b> | ATA KAN ERIK ERIK ERIK ERIK ERIK                                                                                |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                              |                               | 04242005                  | #157 Nati Cali, 2524 5-1447                                                                                     | <b>(14) (4) (4) (4) (4)</b><br>R2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                              |                               | 4. FEI Number<br>65-1129  |                                                                                                                 | Applied For Not Applicable                    |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                              |                               |                           |                                                                                                                 |                                               |
| CAMERON, CHARLES JR<br>12107 LYMESTONE WAY<br>COOPER CITY, FL 33026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                              | DO NOT WRITE<br>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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                              |                               |                           |                                                                                                                 |                                               |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                              |                               |                           |                                                                                                                 |                                               |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICERS AND DIRE                                                   | CTORS                                        |                               |                           | -                                                                                                               | }                                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CAMERON, CHARLES JR<br>12107 LYMESTONE WAY<br>COOPER CITY, FL 33026 | 3                                            |                               |                           | U00000334                                                                                                       | #500                                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                              | Max , 1984 A 1                |                           | 00,000,035<br>04/27/05-80!<br>                                                                                  | 046-019 150.00                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                              |                               | _DO                       | NOT WRI                                                                                                         | TE                                            |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                              |                               | IN T                      | HIS SPA                                                                                                         | CE                                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | -                                            | <u> </u>                      |                           |                                                                                                                 | , ,                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     | *****                                        |                               |                           | CONTRACTOR OF A |                                               |
| 12. I hereby certify that the information supplied with this filling 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. |                                                                     |                                              |                               |                           |                                                                                                                 |                                               |
| SIGNAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | URE: SIGNATURE AND TYPED OR PRINTE                                  | CHANGE F. CA                                 |                               | JP-                       | 4-25-02<br>Date                                                                                                 | 054/477-8800<br>Daytime Prone #               |