

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91525 011 \*\*\*150.00

**DOCUMENT #** *P01000092834*  
**1. Entity Name** *HK Sports, Inc.* ✓

**DO NOT WRITE IN THIS SPACE**

|  |                              |   |                              |
|--|------------------------------|---|------------------------------|
| <b>2. Principal Place of Business</b><br><i>5560 Pacific Blvd.</i> |                              | <b>3. Mailing Address</b><br><i>PO Box 812065</i> |                              |
| Suite, Apt. #, etc.<br><i>Suite 412</i>                            |                              | Suite, Apt. #, etc.                               |                              |
| City & State<br><i>Boca Raton, FL</i>                              |                              | City & State<br><i>Boca Raton, FL</i>             |                              |
| Zip<br><i>33433</i>  | Country<br><i>Palm Beach</i> | Zip<br><i>33481</i>                               | Country<br><i>Palm Beach</i> |

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|  |  |
|--|--|
| <b>4. FEI Number</b><br><i>65-1138367</i>  | Applied For<br><input type="checkbox"/>    |
|  | Not Applicable<br><input type="checkbox"/> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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|  |                             |
|--|-----------------------------|
| <b>7. Name and Address of Current Registered Agent</b>                         |                             |
| Name<br><i>Max Kangasniemi</i>   |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>5560 Pacific Blvd</i> |                             |
| <i>Suite 412</i>   |                             |
| City<br><i>Boca Raton</i>  | FL Zip Code<br><i>33433</i> |

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>DP<br/>Max Kangasniemi<br/>5560 Pacific Blvd 412<br/>Boca Raton, FL 33433</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**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 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Max Kangasniemi* *4/10/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)