## 2003 FOR PROFIT CORPORATION

## Mar 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000095762 DOCUMENT # 1. Entity Name 03-10-2003 90739 008 \*\*\*150.00 BB SPORTS, INC. Principal Place of Business Mailing Address 2 SOUTH BISCAYNE BOULEVARD 2 SOUTH BISCAYNE BOULEVARD **SUITE 2680 SUITE 2680** MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1147418 Not Applicable Zip Country Zip 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 BRYN, MARK J Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BOULEVARD **SUITE 2680** MIAMI FL 33131 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHATTNER, PAUL S NAME 6930 W. CYPRESSHEAD DRIVE STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRYN, MARK J NAME NAME 2 SOUTH BISCAYNE BLVD., SUITE 2680 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE Delete ----TITLE ☐ Change ☐ Addition BRODZKI, HARVEY NAME NAME STREET ADDRESS 4150 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

12. I hereby certify that the information pupplied with this filing de

indicated on this report or supplemental report is true an of the corporation or the receiver or trustee empowered

changed, or on an attachmer

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director

port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**