

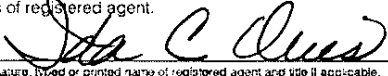
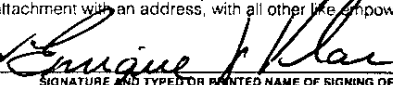


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100850 1. Entity Name MVP SPORTS MANAGEMENT, INC.						FILED 06 SEP 25 AM 10: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 5835 SW 45 TERRACE MIAMI, FL 33145				Mailing Address 355 ALHAMBRA CIRCLE, SUITE 1100 CORAL GABLES, FL 33134							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7446 SW 48 ST Suite, Apt. #, etc.		 09182006 REIN-P CR2E098 (11/05) 06							
City & State MIAMI FL		City & State MIAMI FL						4. FEI Number 04-3656857		Applied For <input type="checkbox"/> Not Applicable	
Zip 33155		Country USA						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRIEDLAND, DAVID K ESQ LOTT & FRIEDLAND PA 355 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name OVIES, IOA Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS RD #400 City MIAMI FL Zip Code 33145							
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  (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD VILLAR, ENRIQUE "HENRY" J 5835 SW 45 TERRACE MIAMI, FL 33145 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 70008015275? 09/25/06--01065--023 **150.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition							
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 like empowered.											
SIGNATURE: 				Date 9/20/06 Daytime Phone # 305-662-2767							