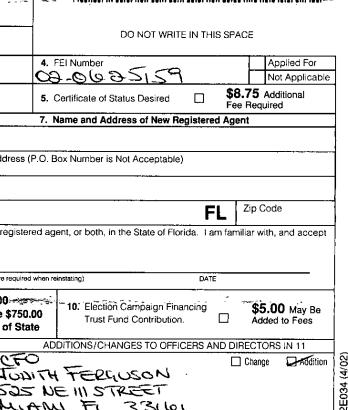
2002 UNIFORM BUSINESS REPORT (UBR) P01000103295 DOCUMENT # 1. Entity Name FERGO SPORTS, INC. Principal Place of Business Mailing Address 20400 N.E. 16TH PLACE 20400 N.E. 16TH PLACE NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2.-Principal Place of Business 3. Mailing Address 02545 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number LIAM' 12600-60 Zip Country Country 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent FERGUSON, MCDONALD E Street Address (P.O. Box Number is Not Acceptable) 525 N.E. 111 STREET City 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 above named county 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) '9. This corporation is eligible to satisfy its intangible FILE NOW!!!~FEE-IS-\$650.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete FERGUSON, MCDONALD E MAME NAME

☐ Delete

Aug 14, 2002 8:00 am Secretary of State

08-14-2002 90026 006 ***550.00



☐ Change

Addition

CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 13. Thereby 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 Block 12 if

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

changed, or on an attachment with an address, with all ether, lik

SIGNATURE:

525 N.E. 111 STREET

MIAMI FL 33161

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11.

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