2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Sep 02, 2004 08:00 AM Secretary of State DOCUMENT # P02000002348 1. Entity Name VG SPORTS, INC. Mailing Address Principal Place of Business 1619 SW 75TH TERR. 1619 SW 75TH TERR. GAINESVILLE, FL 32607 SUITE 3 GAINESVILLE, FL 32607 09012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0028927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INGLEY, HERBERT A III DO NOT WRITE 1619 SW 75TH TERR. GAINESVILLE, FL 32607 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 reinstaling) DATE U00000171535 09/02/04-80005-015 550.00 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE INGLEY, HERBERT A III NAME STREET ADDRESS 1619 SW 75TH TERR. GAINESVILLE, FL 32607 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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-likeyempowered.

362-219-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: