

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000024952

Entity Name: CAPITAL SPORTS, INC.

FILED
Oct 22, 2004
Secretary of State

Current Principal Place of Business:

1915 LOST SPRING COURT
LONGWOOD, FL 32779

New Principal Place of Business:

2180 W SR 434, STE 1130
LONGWOOD, FL 32779

Current Mailing Address:

125 S. SWOOPE AVE., #13
MAITLAND, FL 32751

New Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 03-0478254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN, PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

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: KYLE H KELLEY

10/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEINMETZ, LOUIS C
Address: 1915 LOST SPRING COURT
City-St-Zip: LONGWOOD, FL 32779

Title: VSTD (X) Delete
Name: LEVIN, ALAN
Address: 1915 LOST SPRING COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change () Addition
Name: LEVIN, ALAN
Address: 2180 W SR 434, STE 1130
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN LEVIN

VSTD

10/22/2004

Electronic Signature of Signing Officer or Director

Date