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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036575

1. Entity Name
EXPRESS SPORTS, INC.

Principal Place of Business	Mailing Address
235 WEST BRANDON BLVD., #322 BRANDON, FL 33511	235 WEST BRANDON BLVD., #322 BRANDON, FL 33511

2. Principal Place of Business	3. Mailing Address
1211 N WESTSHORE BLVD	1211 N WESTSHORE BLVD.
Suite, Apt. #, etc.: STE 501	Suite, Apt. #, etc.: STE 501
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33607 Country: HILLSBOROUGH	Zip: 33607 Country: USA HILLSBOROUGH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 43-1962849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W
601 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: CMF CHRISTOPHER FLOYD 7/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDEN, STACEY 235 WEST BRANDON BLVD., #322 BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHIDDEN, STACY 3921 W SAN LUIS ST TAMPA FL 33629	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATIONS MANAGER CHRISTOPHER M. FLOYD 1211 N WESTSHORE BLVD STE 501 TAMPA, FL 33607	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CMF CHRISTOPHER FLOYD 7/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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