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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment wit

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State P02000043614 DOCUMENT # 04-28-2003 90136 027 ***150.00 1. Entity Name TRUE SPORTS, INC. Principal Place of Business Mailing Address 10031 UNION PARK DRIVE 10031 UNION PARK DRIVE ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEES, ANDREW F Street Address (P.O. Box Number is Not Acceptable) 10031 UNION PARK DRIVE ORLANDO FL 32817 City 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. 4-21-03 SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Addition TITLE ☐ Delete TITLE DEES, ANDREW F NAME NAME 10031 UNION PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP & ORLANDO FL 32817 CITY-ST-ZIP **X** Addition Delete TITLE Change TITLE Dees, Jennifer 10031 Union Aarkor NAME DEES, JENNIFER NAME STREET ADDRESS 10031 UNION PARK DRIVE STREET ADDRESS Orlando Fl CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE Delete TITLE ☐ Change ☐ Addition NAME CASTABEDA, ENOC C JR NAME STREET ADDRESS 2504 WOODGATE BLVD #105 STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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

HOTRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR