## FILED 2008 FOR PROFIT CORPORATION ... Jan 17, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P02000073549 WEST SPORTS MANAGEMENT, INC. Principal Place of Business Mailing Address 10235 W SAMPLE RD, STE 205 10235 W SAMPLE RD, STE 205 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1616399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRATER, WESLEY DO NOT WRITE 10235 W SAMPLE RD, STE 205 CORAL SPRINGS, FL 33065 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, typod or printed name of registered agent and title if applicable. (NOTE, Pagistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FRATER, WESLEY NAME STREET ADDRESS 10235 W. SAMPLE RD #205 U000000786856 01/[7/08-80059-019 150.0 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 account his 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytima Phone #