

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 044 ***150.00

DOCUMENT # P02000081417

1. Entity Name
SPORTS EMPIRE MARKETING, INC.



Principal Place of Business
**21000 BOCA RIO ROAD
BOCA RATON, FL 33433**

Mailing Address
**9850 SANDALFOOT BLVD
459
BOCA RATON, FL 33428**

54073406



2. Principal Place of Business
21000 Boca Rio Road

3. Mailing Address
21000 Boca Rio Road

Suite, Apt. #, etc.
A9

Suite, Apt. #, etc.
A9

09202004 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
22-3866812

Applied For
Not Applicable

Zip Country
33433 U.S.A.

Zip Country
33433 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN, ANDREW B
9850 SANDALFOOT BLVD
459
BOCA RATON, FL 33428**

Name
Franklin, Andrew B.

Street Address (P.O. Box Number is Not Acceptable)
21000 Boca Rio Road

A9

City
Boca Raton

FL Zip Code
33433

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

Andrew B. Franklin

9-21-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANKLIN, ANDREW B	
STREET ADDRESS	21852 MARIGOT DR	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	V	<input type="checkbox"/> Delete
NAME	LABELL, BARRY	
STREET ADDRESS	9639 SAVONE WINDS DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Labell, Barry	
STREET ADDRESS	9639 Savona Winds Drive	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew B. Franklin

9-21-04

Date

Daytime Phone #