

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-24-2004 90001 045 ***150.00

DOCUMENT # P02000082892

1. Entity Name
PRO-SPORTS INVESTORS, INC.



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

Mailing Address
**1121 S MILITARY TRAIL
366
DEERFIELD BEACH, FL 33442**

54073405



2. Principal Place of Business
21000 Boca Rio Road

3. Mailing Address
21000 Boca Rio Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A9

A9

City & State
Boca Raton, FL

City & State
Boca Raton, FL

09202004 Chg-P CR2E034 (10/03)

4. FEI Number
22-3866805

Applied For
☐ Not Applicable

Zip
33433

Country
U.S.A.

Zip
33433

Country
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
1121 S MILITARY TRAIL
366
DEERFIELD BCH, FL 33424**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FRANKLIN, ANDREW B**
STREET ADDRESS **21852 MARIGOT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LABELL, BARRY**
STREET ADDRESS **9639 SAVONA WINDS DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Andrew B. Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-04

Date

Daytime Phone #