

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000090787 1. Entity Name SPRING BREAK SPORTS, INC.			
Principal Place of Business 2005 SW WHITEMARSH WAY PALM CITY, FL 34990		Mailing Address 2005 SW WHITEMARSH WAY PALM CITY, FL 34990	
2. Principal Place of Business 1155 BRICKELL BAY DR Suite, Apt. #, etc. APT # 2410 City & State MIAMI FL Zip 33131 Country USA		3. Mailing Address 1155 BRICKELL BAY DR Suite, Apt. #, etc. APT # 2410 City & State MIAMI FL Zip 33131 Country USA	
4. FEI Number 22-3867255		Applied For... <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DITHERIDGE, PAUL 3966 BISHOPWOOD COURT WEST #102 NAPLES, FL 34114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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: DATE: 9/26/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		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 PSTD P/O <input type="checkbox"/> Delete NAME BELLINGHAM, JOHN D STREET ADDRESS 2781 HARTLAND ROAD CITY-ST-ZIP FALLS CHURCH, VA 22043	TITLE S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BELLINGHAM, PAUL C STREET ADDRESS 1155 BRICKELL BAY DR, APT # 2410 CITY-ST-ZIP MIAMI, FL 34114	300080259313 09/28/06--01028--023 ***150.00	
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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 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: Paul C. BELLINGHAM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/20/06 Daytime Phone #: 786 512 9565	

FILED

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CLERK OF THE
TALLAHASSEE, FLORIDA



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