

**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

3. Mailing Address

1155 BRICKELL BAY DR  
Suite, Apt. #, etc.  
APT # 2410

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Zip

33131

Country

USA

Country

USA

6. Name and Address of Current Registered Agent

DITHERIDGE, PAUL  
3966 BISHOPWOOD COURT WEST #102  
NAPLES, FL 34114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/26/2006

DATE

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

TITLE: PSTD- P/O  
NAME: BELLINGHAM, JOHN D  
STREET ADDRESS: 2781 HARTLAND ROAD  
CITY-ST-ZIP: FALLS CHURCH, VA 22043

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: S/T/D  
NAME: BELLINGHAM, PAUL C  
STREET ADDRESS: 1155 BRICKELL BAY DR, APT # 2410  
CITY-ST-ZIP: MIAMI, FL 34114

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

TITLE:   
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Change  Addition

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Change  Addition

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Change  Addition

TITLE:   
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STREET ADDRESS:   
CITY-ST-ZIP:

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06 786 512 9565

Date

Daytime Phone #