

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 24 PM 2:44

FLORIDA STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08  
10292008 REIN-P CRZ098 (1/07)

DOCUMENT # P02000114902	
1. Entity Name SCORE INTERNATIONAL SPORTS MANAGEMENT, INC.	



Principal Place of Business 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD #106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # SARLO 47 4/17	3. Mailing Address SARLO 47 4/17
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SZEKESFEHERVAR	City & State SZEKESFEHERVAR
Zip 8000	Country HUNGARY
Zip 8000	Country HUNGARY

4. FEI Number 65-1160784	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SZAFRICS, IMRE 424 E CENTRAL BLVD #106 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name IMWORLD SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 City ORLANDO FL Zip Code 32801	
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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 <i>[Signature]</i> IMRE SZAFRICS, CEO	DATE 4/19/08

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KEGYE, ROLAND 29127 RIVERGATE RUN WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000138229450 11/24/08--01030--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> 11/24 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> KEGYE ROLAND	DATE: NOV 09/2008