2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P0300002734 1. Entity Name SPORTING PLUS, INC.								j.	04-30-2	004 903	, 72 026 ***	150.00
Principal Place of Business 3921 SW 47TH AVE, SUITE 1011 DAVIE, FL 33314 Mailing Address 3921 SW 47TH AVE, SUITE 1 DAVIE, FL 33314 DAVIE, FL 33314						1 .			** . Edia 48 8 16 111 24			16 1
2. Principal Pl	ace of Busin	3. Mailin	3. Mailing Address									
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				04272004	Chg-P	CR2E	034 (10/03)		
City & State	9	City &	City & State				4. FEI Numb	570187			olied For Applicable	
Zip	Country		Zip	Zip Cou		5. Certificate of			of Status Desired		\$8.75 Addi	tional
6. Name and Address of Current Registered Agent						Name	.1 .	7. Name and	Address of New I	Registered	Agent	
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139								w 4th	er is Not Acceptable	12 10	17.01	202.44
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 the obligations of registered agent. SIGNATURE Signature. Where on integration agent and table if applicable. (NOTE: Registered Agent signature required when remaining) DATE OATE											- '	25214
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.							5	ADDITIONS	/CHANGES TO OF	FICERS AN		
IIILE NAME	HORNER	R, RICHARD L		☐ Delete TITL NAM			6 on	nez, MAR	2GANTA HNAUE, S	icyl/	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	3921 SW DAVIE, F	1011			EET ADDRESS '- ST-ZIP	596 A(11 SW 42 Vic. FC	HN 40 E, 5 22214	18100			
TITLE	SD			Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	3921 SW	ERG, CRAIG 47TH AVE, SUITE	1011			NE Eet address '-st-zip	390	Ida, Alb Iswyth Die, Fl	17 HOZ, 5TE	1011		
TITLE	DAVIE, FL 33314					E.	<u> </u>	JIE, PL	20014		Change	Addition.
NAME STREET ADDRESS						1E EET ADDRESS						
CITY-ST-ZIP	DAVIE, F					r-ST-ZIP						
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CITY-ST-ZIP				☐ Delete	TITI	Y-ST-ZIP E					☐ Change	Addition
NAME					NAI							_
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP						
1ITLE				☐ Delete	TITI						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						ME IEET ADDRESS Y-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: X SIGN												
SIGNAT	TURE:	X Jedo		10-	9	K	vch	IAM HO	enem 41	2704	777 12	ws