2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 SEP 13 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000027423

1. Entity Name
HUEY SPORTS, INC.

Principal Place of Business	Mailing Address
4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067	4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067

09082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5044 NW 87th Terrace Suite, Apt. #, etc.	5044 NW 87th Terrace Suite, Apt. #, etc.
City & State: Coral Springs, Fla.	City & State: Coral Springs, Fla
Zip: 33067 County: Broward	Zip: 33067 County: Broward

4. FEI Number: 65-0585385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Harris Steinhart
Street Address (P.O. Box Number is Not Acceptable): 5044 NW 87th Terrace
City: Coral Springs FL Zip Code: 33067

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: Harris Steinhart Harris Steinhart 9-9-2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: If registered Agent signature required, must be completed) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEINHART, HARRIS R 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEINHART, BRET 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STEINHART, NANCY 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

800041221588
09/21/04--01066--006 **158.75

$9/13

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: Harris Steinhart HARRIS Steinhart 9-09-2004 954-757-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #