5/6/2

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-06-2004 90166 049 ***140.00
06-17-2004 90001 026 ****10.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044457

1. Entity Name
NATIONAL FANTASY FOOTBALL CAMP, INC.

Principal Place of Business	Mailing Address
12610 SW 7TH PLACE DAVIE, FL 33325	12610 SW 7TH PLACE DAVIE, FL 33325

04037760

02122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8362 Pines Boulevard		8362 Pines Boulevard	
Suite, Apt. #, etc.: Suite 239		Suite, Apt. #, etc.: Suite 239	
City & State: Pembroke Pines, Fl		City & State: Pembroke Pines, Fl	
Zip: 33024	Country: USA	Zip: 33024	Country: USA

4. FEI Number: 54-2083879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHINGTON, LYNN C 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131	Name: Brian S. Hankerson Street Address (P.O. Box Number is Not Acceptable): 9000 Sheridan Street Suite 117 City: Pembroke Pines FL Zip Code 33024

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] DATE: 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LANG, WALTER III 12610 SW 7TH PLACE DAVIE, FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LANG, WALTER III 8362 Pines Boulevard Pembroke, Pines, Fl 33024 ☑ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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: [signature] 3/13/04 305-345-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #