2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000044636

FILED Nov 10, 2005 Secretary of State

Entity Nai	me: CLASSIC	SPORT EVENTS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
446 SW 34 PALM CIT	4TH TERR Y, FL 32319	US	1420 NEW BOLTON D PORT ORANGE, FL 3		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
446 SW 34TH TERR PALM CITY, FL 32319 US		1420 NEW BOLTON DR PORT ORLANGE, FL 32129 US			
FEI Number	: 56-2347007	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
	NDREW S / BOLTON DR ANGE, FL 32				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: ANDREV	V S PATEY			
	Electro	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did	not receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (VAN NORMAN, 446 SW 34TH PALM CITY, FI	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PATEY, ANDR 1420 NEW BO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCDONALD, T	EAS HIGHWAY	Name: MCDONALD Address: 153 SUNSET	(X) Change () Addition , THOMAS R T GARDENS DR , FL 33070 US	
Title: Name: Address: City-St-Zip:	WYCHE, CHRI 9748 HORTON		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (STEPHENS, TI 298 CRESTVIE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS R MCDONALD **TREA** 11/10/2005

City-St-Zip: ELYRLIA, OH 44035 US