2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000091276

HARRIS, JOYCE

SPRING, TX 77379

8110 CEDAR BRUSH CIRCLE

Name:

Address: City-St-Zip:

FILED Oct 13, 2006 Secretary of State

Entity Name: D DUB SPORTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 8110 CEDAR BRUSH CIRCLE SPRING, TX 77379 **Current Mailing Address: New Mailing Address:** 8110 CEDAR BRUSH CIRCLE SPRING, TX 77379 FEI Number: 54-2125188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, CHRISTY F GUY, FRANK L 8110 CEDAR BRUSH CIRCLE 225 E. LÉMON ST., SUITE 300 LAKELAND, FL 33801 SPRING, FL 77379 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. SIGNATURE: FRANK GUY 10/13/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WILLIS, DONTRELLE Name: Name: 8110 CEDAR BRUSH CIRCLE Address: Address: City-St-Zip: **SPRING, TX 77379** City-St-Zip: Title: Title: () Delete () Change () Addition GUY, FRANK JR. Name: Name: 8110 CEDAR BRUSH CIRCLE Address: Address: **SPRING, TX 77379** City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GUY, KAI HOUSTON Name: Name: 8110 CEDAR BRUSH CIRCLE Address: Address: City-St-Zip: SPRING, TX 77379 City-St-Zip: Title: () Delete Title: () Change () Addition PESKETT, SHARON Name: Name: Address: 8110 CEDAR BRUSH CIRCLE Address: City-St-Zip: SPRING, TX 77379 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK GUY TREA 10/13/2006