2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5/5/2008-90226-027-$150.00-$150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028472

1. Entity Name
OLD GLORY SPORT CORPORATE PROMOTIONS, INC.

Principal Place of Business	Mailing Address
6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308	6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308

04142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 54-2144652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, NATALIE M
1333 NW 87 AVE
CORAL SPRINGS, FL 33071
Please change to:

7. Name and Address of New Registered Agent

Name: RONI D LASKIN, CFP, CPA
Street Address (P.O. Box Number is Not Acceptable): 490 SAWGRASS CORP PKWY #100
City: SUNRISE FL Zip Code 33325

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] 6-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JOHNSON, MICHAEL E	
STREET ADDRESS	6278 N FEDERAL HWY #124	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #