

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000102426 1. Entity Name REAL FIGHTING CHAMPIONSHIPS, INC.						FILED 07 OCT 18 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6108 WEST LINEBAUGH AVE TAMPA, FL 33624				Mailing Address 6108 WEST LINEBAUGH AVE TAMPA, FL 33624			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2344 CROSTOVER LANE		 REINSTATEMENT 09/19/07 07 CR25098 (1/07)			
Suite, Apt. #, etc. Bldg #7		Suite, Apt. #, etc. WOSLEY CHAPEL, FL					
City & State WOSLEY CHAPEL, FL		City & State WOSLEY CHAPEL, FL					
Zip 33543		Zip PASCO					
4. FEI Number 32-0132763				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J ESQ. ONE TAMPA CITY CENTER, STE. 3200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name H. JASON FREYRE Street Address (P.O. Box Number is Not Acceptable) 6108 W. Linebaugh Ave. City TAMPA FL Zip Code 33624			
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 H. JASON Freyre 09-19-2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				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 D <input type="checkbox"/> Delete NAME FREYRE, JASON H JR STREET ADDRESS 6108 WEST LINEBAUGH AVE CITY-ST-ZIP TAMPA, FL 33624				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 800111014018 STREET ADDRESS 10/19/07-01053-005 CITY-ST-ZIP ++150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: H. Jason Freyre - Pres. 09/19/07 (813) 822-8440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							