2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121890

1. Entity Name
SPORTS STATION, INC.



FILED Jan 31, 2007 08:00 AM Secretary of State

Principal Place of Business

' Mailing Address

15511 CASS DRIVE PUNTA GORDA, FL 33982 15511 CASS DRIVE PUNTA GORDA, FL 33982

US

DO	NOT	WRITE	IN	THIS	SPACE	_
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01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-2018272

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MILLER, MISSI 15511 CASS DRIVE PUNTA GORDA, FL 33982

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8.	. The above named entity submits this statement for the purpose of changing its registere	ed office or reg	istered agent. o	or both, in the State of Florida.	I am familiar with, and	accept
	the obligations of registered agent.	•			,	

SIGNATURE.

Signature, lyned by posted same of registered event and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S, MILLER, MISSI 15511 CASS DRIVE PUNTA GORDA, FL 33982					
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

02/05/07-80022-012 150.0

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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07 239.543:2715