

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133172 1. Entity Name UNIVERSAL SPORTS COMBINES, INC.		 5/	FILED 05 JUL -8 AM 8:34 SECRETARY OF STATE 05-02-05 140349004 66023942 0050-00
Principal Place of Business 8936 SW 9TH ST BOCA RATON, FL 33433		Mailing Address 8936 SW 9TH ST BOCA RATON, FL 33433	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <i>Thomas A. Byrd</i> DATE: <i>4/29/05</i> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BYRD, THOMAS A 8936 SW 9TH ST BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BYRD, VIKKI L 8936 SW 9TH ST BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MACHOVSKY, KELLY A 8936 SW 9TH ST BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BYRD, JENNIFER L 8936 SW 9TH ST BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
12. I hereby certify that the information supplied with this filing does not qualify 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 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 my address, with all other like empowered.			
SIGNATURE: <i>Thomas A. Byrd</i> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR		DATE: <i>4/29/05</i> (561) 482-1391 Date	