2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2006 08:00 AM **DOCUMENT # P04000168552 Secretary of State** 1. Entity Name VOLK SPORTS MARKETING, INC. Principal Place of Business Mailing Address 4937 SW 33RD TERRACE 4937 SW 33RD TERRACE FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1997761 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent GELBER, RONALD S CPA DO NOT WRITE 11450 INTERCHANGE CIR NORTH MIRAMAR, FL 33025 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE s. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5,00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS πŒ VOLK, JASON C MAME STREET ADDRESS 4937 SW 33RD TERRACE CITY-ST-ZIP FT LAUDERDALE, FL 33312 TID) F NAME STREET ADDRESS CATY-ST-ZIP U00000381807 01/11/06-80069-020 150,00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental perfort 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5 954-989-955 Destination of those

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