


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90001 023 ***155.00

DOCUMENT # P06000018399	
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1. Entity Name
THE SPORTS HERALD CORP

Principal Place of Business
**P. O. BOX 300185
FERN PARK, FL 32707**

Mailing Address
**P. O. BOX 300185
FERN PARK, FL 32707**



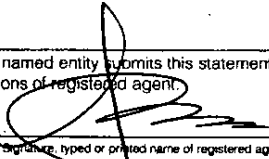
07112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 613 Executive Dr		3. Mailing Address P.O. Box 300185	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK FL		City & State FERN PARK FL	
Zip 32789	Country	Zip 32730	Country

4. FEI Number 75-3208682	Applied For <input 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 FLOHR, RICK 214 BRIGHTON WAY CASSEL BERRY, FL 32730		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  **September 7 2007**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

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 CEO NAME STREET ADDRESS CITY-ST-ZIP	D FLOHR, RICK 214 BRIGHTON WAY CASSEL BERRY, FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	JEROEN PHIPPS 613 Executive Dr Winter Park FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM BOLIVAR 613 Executive Dr Winter Park FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	Vrette Gomeaux 613 Executive Dr Winter Park FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **September 7 2007 407-619-6095**
Date Daytime Phone #