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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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O/JUL-9 AMIO:55 SECRETARY OF STATE ALL AHASSEE, FLORID!

FILED

R-A. Change

C. Coulliette JUL 1 2 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sports Shop TV, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 06 000 104977
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person) Sports Shap TU (Name of Firm/Company)
3840 H. 11s bora Blud #202
Deerfield Beach FL 33442 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 385-5089 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisi statement of change is in order to ch	submitted for a		anized under the	laws of the S	tate of <u>F/4</u>	_		
1. The name of the cor	poration:	Sourts	Shop	TU, I	ис			
2. The principal office	address:					१०2		_
		Dearfie	10 Bel	FL 3	3442			_
3. The mailing address	(if different):_		•					_
4. Date of incorporatio	n/qualification	August 10	که عام کاری م	nt number:	P 0 6 0 0 0	1049	777	- <u>'</u>
5. The name and street Florida Department		current registered	l agent and regist	ered office or	n file with the			
	M:	helle (Rosa	, /				
	38	40 Hil	Isboro 1	31vd	# 202	SECR ALLA	07 JUL	
	De	er field	Beach	FL	33472	ETAR' HASS	l −9	<u></u>
6. The name and street (if changed):	address of the	new registered ag	gent (if changed)	and /or regist	ered office	CRETARY OF STATE LAHASSEE, FLORID	AH IO:	(J
	Jai	Ora2	4,0			ORIC ORIC	ម ហ្វ	
	38	P.O. Box NOT acceptal	ls boru A	B129 =	#202	33>	J .	
	ρe	P.O. Box NOT acceptal	Brach	FL.	33442	_		
The street address of i as changed will be ide	•					red agent,		
Such change was auth authorized by the boar	orized by resord, or the corp	olution duly adop oration has been	ted by its board on the control of t	of directors o	or by an officer s	50		
Wayne U (Signature of an	officer or director)		Wayn	Printed or typeds	am and title)		,	
Signature of and Signature of and I hereby accept the application of my duties, and I am document is being filed corporation has been in	pointment as i ply with the pi familiar with d merely to re notified in wri	registered agent of rovisions of all st and accept the o flect a change in ting of this chang	and agree to act atutes relative to bligation of my pathe registered of the register	in this capac the proper oposition as re fice address,	ily. and complete pe gistered agent. I hereby confir	rformance Or, if this m that the	: 4 73 Y	•
Agnature o	f Registered Ageon	<u></u>		7/2 (Date)				
If signing on behalf of	an entity:							
7 a m 0 (Typed or	ra 2 d							
110000	,							

*** FILING FEE: \$35.00 ***