

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL -5 AM 8:22

CLERK OF CIRCUIT  
JACKSONVILLE, FLORIDA



06132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000135786</b> 1. Entity Name <b>SPORTS &amp; SCORES INC</b>					
Principal Place of Business <b>7899 BAYMEADOWS WAY STE 6 JACKSONVILLE, FL 32256</b>			Mailing Address <b>7899 BAYMEADOWS WAY STE 6 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>3854 Silverpoint Ln.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3854 Silverpoint Ln.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>65-1295998</b>	
Zip <b>32216</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOPU, GEORGE R 7899 BAYMEADOWS WAY STE 6 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name <b>SRINIVAS DASARI</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3854 Silverpoint Lane</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>		
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 <u><i>D. Siming</i></u> <span style="float: right;">06/20/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <small>Trust Fund Contribution.</small>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOPU, GEORGE R 1305 IVYHEDGE AVE ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kuthiala, Sudarshan 2961 Bernice Drive Jacksonville, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIKKUMANLA, SRINIVAS 705 CARTHAGE PLACE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Amin, Rajendra 1200 Florida Road Casselberry, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DASARI, SRINIVAS 7899 BAYMEADOWS WAY STE 6 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Dasari, Srinivas 3854 Silverpoint Lane Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dasari, Sudhir Reddy 3854 Silverpoint Lane Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>D. Siming, Secretary</i></u> <span style="float: right;">06/20/07 904-338-3919</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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