

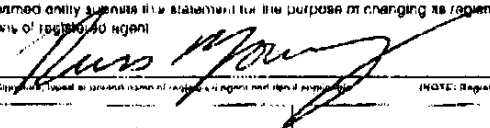
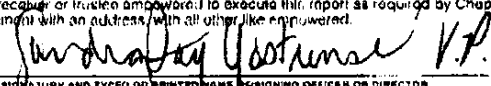
Oct 09 06 11:59a

p. 1

**2006 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

2006 OCT 16 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10817			
1. Entity Name OUTDOOR SPORTS HEADQUARTERS, INC.			
Principal Place of Business 6001 NW 153 STREET SUITE 157 MIAMI LAKES, FL 33014 US		Mailing Address 967 WATERTOWER LN DAYTON, OH 45410-2463 US	
2. Principal Place of Business 611 NW 162 Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Pembroke Pines, FL Zip 33028		City & State City State	
6. Name and Address of Current Registered Agent YOUNG, RUSS 5881 NW 151ST STREET SUITE 127 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Young, Russ Street Address (If City & State Number is Not Applicable) 611 NW 162 Ave. City Pembroke Pines FL Zip Code 33028	
8. The above named entity certifies the 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 		10/9/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		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 NAME STREET ADDRESS CITY-ST-ZIP	C ZIONCEK, BERNARD MAIN STREET PO BOX 121 FOREST CITY, PA 18421 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50009045205 10/16/06--01046--005 ** 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUPCHIK, ANDREW P MAIN STREET PO BOX 121 FOREST CITY, PA 18421 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  V.P.		10/9/06 (570) 785-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

10/19
ao