

FILED
May 01, 2000 8:00 am
Secretary of State

U 4 J U 5 0



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000018924			
1. Entity Name SPORTSOFT, INC.			
Principal Place of Business N BOWNESS RD FL 34761		Mailing Address 150 N BOWNESS RD OCOE FL 34761-2646	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. Box 700 Suite, Apt. #, etc. City & State Ocoee, FL Zip Country 34761 US	
6. Name and Address of Current Registered Agent			
HANCOCK, ROBERT D JR 150 N BOWNESS RD OCOE FL 34761			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HANCOCK, ROBERT D JR 150 N BOWNESS RD OCOE FL 34761 <input type="checkbox"/> Delete	12.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Robert D Hancock <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			