## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State DOCUMENT # P93000018924 1. Entity Name SPORTSOFT, INC. 05-01-2000 90489 026 \*\*\*150 00 Principal Place of Business Mailing Address 150 N BOWNESS RD ${}_\sim$ N bowness RD 040090 100EE FL 34761 OCOEE FL 34761-2646 2. Principal Place of Business Mailing Address 700 O.Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3180161 COEE Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required رں 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANCOCK, ROBERT D JR Street Address (P.O. Box Number is Not Acceptable) 150 N BOWNESS RD **OCOEE FL 34761** City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD ☐ Change Addition ☐ Delete TITLE TITLE HANCOCK, ROBERT D JR NAME NAME 150 N BOWNESS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if with all other

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (9/99