

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

1U062J07

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|---|---|---|---|
| DOCUMENT # P93000039646 | |  | |
| 1. Entity Name RSC SPORTS PLAY, INC. | | | |
| Principal Place of Business 6318 ARTHUR AVENUE NEW PORT RICHEY, FL 34653 | | Mailing Address PO Box 483 NEW PORT RICHEY, FL 34658 | |
| 2. Principal Place of Business 8507 WAGON WHEEL LANE HUDSON, FL 34667 | | 3. Mailing Address PO Box 483 NEW PORT RICHEY, FL 34658 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-3183234 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARMACK, ROBERT S 6318 ARTHUR AVENUE NEW PORT RICHEY, FL 34653 | | 7. Name and Address of New Registered Agent Name 8507 WAGON WHEEL LANE Street Address (P.O. Box Number Is Not Acceptable) HUDSON, FL 34667 City FL 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  | | DATE 4-6-03 | |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P <input type="checkbox"/> Delete CARMACK, ROBERT S 6318 ARTHUR AVENUE NEW PORT RICHEY, FL 34653 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | DATE 4-6-03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | CITY/STATE PHONE # 787-514-2505 | |

CH2E034 (10/02)