




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

1U062J07

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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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
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	

CR2E034 (10/02)