2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000050157 May 18, 2000 8:00 am Secretary of State SPORTS GEAR INTERNATIONAL, INC. 05-18-2000 90355 020 ***150.00 Principal Place of Business Mailing Address 6276 INDIAN MEADOW 6276 INDIAN MEADOW ORLANDO FL 32819-4967 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 200 S. ORANGE AND 200 S BRANGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ೭೪ಉ 2800 City & State 4. FEI Number City & State 59-3192713 DRLANDO LUORIDA Not Applicable ORLANDO **\$8.75** Additional 5. Certificate of Status Desired ORANGE ORANGE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHANANI, M OWAIS Street Address (P.O. Box Number is Not Acceptable) 6276 INDIAN MEADOW 200 S. ORANGE ORLANDO FL 32819 # 2800 Zip Code ろ*えぬ*り Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. M. DWAIS SIGNATURE Z ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. П 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 12 11. ☐ Addition Change . TITLE TITLE ☐ Delete KHANANI, M OWAIS NAME NAME 200 S. ORANGE ANE, # 2800 6276 INDIAN MEADOW STREET ADDRESS STREET ADDRESS ORLANDO FL. 32801 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete KHANANI, M. HANI NAME NAME 200 S. GRANGE ANE, # 6276 INDIAN MEADOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. 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 empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a other like empowered.

CITY-ST-ZIP

SIGNATURE:

M. DW

KHANANI - D

04.27.00

(407) 648 4898

Daytime Phone