

Fax:

Apr

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90015 044 \*\*\*150.00

DOCUMENT # P93000080902

1. Entity Name

SPORT LOGIX CORPORATION ✓

BJ093656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE FINANCIAL PLAZA

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 2308

Suite, Apt. #, etc.

City &amp; State

FT. LAUDERDALE FL

City &amp; State

4. FEI Number

65-1549878

Applied For

Not Applicable

Zip

33394

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAY DALINSKY

Street Address (P.O. Box Number is Not Acceptable)

ONE FINANCIAL PLAZA

SUITE 2308

City

FT. LAUDERDALE

FL

Zip Code

33394

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PSD  
MARK OVERBYE  
6885 BOUDIN ST  
PALO ALTO CA, MN 55372

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DO NOT WRITE  
IN THIS SPACE

9. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

952.440.9700