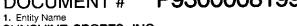
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P93000081998 **DOCUMENT#**

SUNSHINE SPORTS, INC.





**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90162 049 \*\*\*150.00

Principal Place of Business 8211 WEST BROWARD BLVD. PENTHOUSE #4 PLANTATION FL 33324				Mailing Address P. O. BOX 811852 BOCA RATON FL 33481-1852 US							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State				City & State				4. F	hh-14549/3	plied For t Applicable	
Zip	Country			Zip Cour			try	5. Certificate of Status Desired  Fee Requi			
	6. Name	ss of Current Re	Registered Agent			7. Name and Address of New Registered Agent Name					
THALER, SAMUEL S 8211 W. BROWARD BLVD. PPENTHOUSE #4							Street Address (P.O. Box Number is Not Acceptable)				
	ON FL 3332					City		FL Zip Code	e		
the obligati	ions of registe	ered agent.							ent, or both, in the State of Florida. I am familiar with,	and accept	
Sidnatorie -	Signature, typed	or printed name	of registered agent and	title if appl	icable. (NOT	E: Registere	d Agent signature requ	uired when rei	sinstating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State										May Be to Fees	
10.			FFICERS AND DI	1	RS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP _	DP THALER, S 8211 W. B PLANTATIO	ROWARD	BLVD. PENTH	DUSE #	Delete	CITY	<b>I</b>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLI NAM STRE	E		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	£ /// ****		☐ Delete		·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Delete .		1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete		I		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that th	informatio	n supplied with the	nis filing	Delete	CITY	EET ADDRESS '-ST-ZIP	Section	Change  119.07(3)(i), Florida Statutes. I further certify that the i	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it ari an officer of 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 exponence.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

Daytime Phone #