2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2005 8:00 am Secretary of State **DOCUMENT # P94000000603** 05-09-2005 90297 007 ***150.00 SPORTSTERS, INC. Principal Place of Business Mailing Address 390 N. SUNCOAST HWY. **JUUJIUI** 390 N. SUNCOAST HWY. CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01262005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3214732 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPERSTEIN, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 390 N. SUNCOAST HWY. CRYSTAL RIVER, FL 34429 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. Signature, track or or lieun sink of reliberance Lava De Lavadore INOTE: Regulere ti Agent ografure regules when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILLE D DILE ☐ Delete ☐ Change Additson BRIAR, STEVEN H NAME STREET ADDRESS 10810 W. BEACH PARKWAY STREET ADDRESS CBY-S1-7IP LAKE WALES, FL 33853 CITY-ST-ZIP HILL Delete THE ☐ Change Addition STEPHEN M SAPERSTEIN NAME NAME 390 N SUNCOAST BLVD STPEET ADDRESS STREET ADDRESS CHY-SI-ZP CRYSTAL RIVER, FL 34429 CITY-ST-76 ☐ Delete HILL HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P IHE Defete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZP RUF ☐ Delete HILL ☐ Change ☐ Addition NAME MALA STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILL □ Delete HILE ☐ Change ■ Addition HAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 bustee 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.

Teven H. Brian CICMATUDE.

DATE: 03-21-05

FILED