## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000013057

1. Entity Name SPORTS FAN-ATTIC INC.



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

9138 WATERASH LANE PINELLAS PARK, FL 33782

US

Mailing Address

9138 WATERASH LANE

PINELLAS PARK, FL 33782 US



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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3229862

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURDA, JAMES 9138 WATERASH LANE PINELLAS PARK, FL 33782

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<ol> <li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li> </ol>	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATÉ

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURDA, JAMES 9138 WATERASH LANE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DURDA, JOANNE 9138 WATERASH LANE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		,

U00000592402 01/13/07-80060-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears if Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER

CITY-ST-ZIP

7275450683 Daytime Phone #