

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90239 032 ***158.75

DOCUMENT # P94000013057 1. Entity Name SPORTS FAN-ATTIC INC.				 4	
Principal Place of Business 9138 WATERASH LANE PINELLAS PARK, FL 33782 US			Mailing Address 9138 WATERASH LANE PINELLAS PARK, FL 33782 US		
2. Principal Place of Business - No P.O. Box # 7617 Hunter Lane Suite, Apt. #, etc.		3. Mailing Address 7617 Hunter Lane Suite, Apt. #, etc.			
City & State Pinellas Park, Florida Zip 33282		City & State Pinellas Park, Florida Zip 33282		4. FEI Number 59-3229862	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURDA, JAMES 9138 WATERASH LANE PINELLAS PARK, FL 33782				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 7617 Hunter Lane City Pinellas Park FL Zip Code 33282	
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 <i>Jamie E Dunda</i> DATE 4/30/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURDA, JAMES 9138 WATERASH LANE PINELLAS PARK, FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 7617 Hunter Lane Pinellas Park, FL 33282	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DURDA, JOANNE 9138 WATERASH LANE PINELLAS PARK, FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 7617 Hunter Lane Pinellas Park, FL 33282	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
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 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 empowered.					
SIGNATURE: <i>Jamie E Dunda</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/30/08 Daytime Phone 727-496-8600		