FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90924 001 ***750.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038574

1. Entity Name

FTA SPORTS, INC.

DO NOT WRITE IN THIS SPACE

55037467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4119 N. STATE Rd. 7	1535 N. Park DR.
Suite, Apt. #, etc.: SUITE 220	Suite, Apt. #, etc.: SUITE 103
City & State: FT. Lauderdale, FL.	City & State: WESTON, FL.
Zip: 33319 Country: US	Zip: 33326 Country: US

4. FEI Number: 65-0562668 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** 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 _____ DATE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when not changing)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Selmonsky, LARRY	NAME	
STREET ADDRESS	4119 N. STATE Rd. 7	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33319	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Cohen, Mitchell	NAME	
STREET ADDRESS	4119 N. STATE Rd. 7	STREET ADDRESS	
CITY-ST-ZIP	FT. Lauderdale, FL. 33319	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	COHEN, STEVEN	NAME	
STREET ADDRESS	4119 N. STATE Rd. 7	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	FT. Lauderdale, FL. 33319	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel Sanders CPA 5-1-03 954-385-9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #