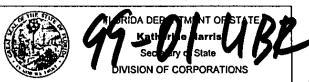
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT `
CORPORATION
ANNUAL REPORT



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ANNUAL REPORT	ONS SECRETARY OF STATE						
DOCUMENT # P9400003	8991	01 MAY 22 PM 12: 55					
HOT SPORTS, INC.							
Principal Place of Business Mailing	g Address						
4119 N. STATE RD. 7	<u></u>						
SUITE 128	SAME	DO NOT WRITE IN THIS SPACE					
FT. LAUDERDALE, FL 3	33/9	3. Date Incorporated or Qualifed:					
	iling Address	4. FEI Number Applied For Not Applicable					
2 27	ite, Apt. #, etc.	5. Certifcate of Status Desired   \$8.75 Additional Fee Required					
City & State City 3 28	y & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip         Country         Zip           4         25         29	Country 30	8, This corporation owes the current year Intangible Personal Property Tax. □ Pres □ No					
g. Name and Address of Current Registere		10. Name and Address of New Registered Agent					
GEORGE J. BLUTSTEIN,	ESQ.	Name					
112-16666 NE 19th AV		Street Address (P.O. Box Number is Not Acceptable)					
N. MIAMI BCH, FL 33	162						
		City FL 85 Zip Code					
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida, St</li> </ol>	508, Florida Statules, the above-nuch change was authorized by the	-named corporation submits this statement for the purpose of changing its registered - he corporation's board of directors. I hereby accept the appointment as registered					

agent. La	in ramiliar with, and accept the obligations of, Section 007,0000, Flori	ua Sialules.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature re	outled when reinstation?	DATE		
12. :	OFFICERS AND DIRECTORS	13.	<del>```````````````````````````</del>	IGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P □ DELETE	1.1 TITLE	ADDITIONS/C/IA	ioco io ori iocho x	Change	Addition
NAME .	LARRY SELMONSKY	12 NAME			_ •	_
STREET ADDRESS	4119 N. STATE RD. 7	1.3 STREET ADDRESS				
CITY-ST-ZIP	N. LAUDERDALE, FL 33319	1.4 CTY-ST-ZIP				
TITLE	V DELETE	2.1 TITLE		<del> </del>	☐ Chance	(T) Addition
	MITCHELL COHEN	2.7 NAME	200	004448	512-	
	4119 N. STATE RD. 7			-06/58/010	101000	JD
	l ''' '	2.3 STREET ADDRESS		****450.00	****450	0.00
CITY-ST-ZIP	N. LAUDERDALE, FL 33319	2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	STEVEN COHEN DELETE	3.1 TITLE			Citarile	- Vocason
NAME	LUIG AL STATE ON 7	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	,			
CITY-ST-ZIP	N. LAUDERDALE, FL 33319	3.4, CITY-ST-ZIP				
TIRE	DELETE	4.1 TITLE			Change	Addition
NAME	•	4.2 NAME				ļ
STREET ADDRESS		4.3 STREET ADDRESS			•	Ì
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ OELETE	5.1 TMLE			Change	Addition
NAME		5.2 NAME				1
STREET ADDRESS		5.3 STREET ADDRESS	•			
CITY-ST-ZIP		5.4 CITY+ST+ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		6.2 NAME				n sa
STREET ADDRESS		6.3 STREET ADDRESS			,	AU
CID/ CT 710		6.4.CITY. ST. 7IP			AF	_

14. 1 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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

15/1/01