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 # P94000038991

1. Entity Name

HOT SPORTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4119 N. STATE ROAD 7	1535 N. Park DR.
Suite, Apt. #, etc. SUITE 128	Suite, Apt. #, etc SUITE 103
City & State FT. Lauderdale, FL.	City & State WESTON, FL.
Zip 33319 Country US	Zip 33326 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0572158 ☐ 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 — (Required when changing registered agent)

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 President	TITLE
NAME Selmonsky, Larry	NAME
STREET ADDRESS 4119 N. STATE Rd. 7 SUITE 128	STREET ADDRESS
CITY-ST-ZIP Fort Lauderdale, FL. 33319	CITY-ST-ZIP
TITLE Vice President	TITLE
NAME COHEN, MITCHELL	NAME
STREET ADDRESS 4119 N. STATE Rd. 7	STREET ADDRESS
CITY-ST-ZIP Fort Lauderdale, FL. 33319	CITY-ST-ZIP
TITLE Secretary	TITLE
NAME COHEN, STEVEN	NAME
STREET ADDRESS 4119 N. STATE Rd. 7, SUITE 128	STREET ADDRESS
CITY-ST-ZIP Fort Lauderdale, FL. 33319	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 Sand, CPA 5-1-03 954-385-9290

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