2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P9400054359** May 01, 2000 8:00 am 1. Entity Name Secretary of State BIG GAME SPORTS MANAGEMENT, INC. 05-01-2000 90454 001 ***150.00 Principal Place of Business Mailing Address 401 S.W. 27TH AVENUE 401 S.W. 27TH AVENUE MIAMI FL 33135-2903 MIAMI FL 33135 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0505906 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FMR CORP. Street Ad 401 S.W. 27TH AVENUE **MIAMI FL 33135** City this statement for the purpose of changing its registered office or registered age 8. The above named ent SIGNATURE FILE NOW!!! FEE IS \$150.00 is eligible to satisfy s Intandible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** Addition CR2E034 (9/99) ☐ Change ☐ Delete TITLE FORMOSO-MURIAS, HECTOR NAME STREET ADDRESS 401 S.W. 27TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ŤIŤLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. 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 of 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 trip receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an afterchment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

OKINGO. MURLAS, PRES