

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91419 022 ***150.00

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DOCUMENT # P94000082993

1. Entity Name
SPORTS PROGRAMMING DEVELOPMENT, INC.



Principal Place of Business
4407 BOCAIRE BLVD
BOCA RATON FL 33487
US

Mailing Address
4407 BOCAIRE BLVD
BOCA RATON FL 33487
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0534361**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZIMBLE, CARL S
4407 BOCAIRE BLVD
PENTHOUSE
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name **Phyllis Zimble**
Street Address (P.O. Box Number is Not Acceptable) **4407 BOCAIRE BLVD**
PENTHOUSE
City **BOCA RATON** FL Zip Code **33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MERRIN, DANIEL**
STREET ADDRESS **1042 SECOND STREET, UNIT 3**
CITY-ST-ZIP **SANTA MONICA CA**

TITLE ☐ Change ☐ Addition
NAME **2929 CRYSTAL BAY DRIVE**
STREET ADDRESS **LAS VEGAS, NV**
CITY-ST-ZIP **89117-2251**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Dan Merrin, Pres. 4/23/03

Date

Daytime Phone #

CR2E034 (10/02)