## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002890

1. Entity Name

SPORTS NOOK, INC



## FILED Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90229 031 \*\*\*150.00

DO N	IOT WRITE	IN THIS	SPACE	40064120	)
2. Principal Place of Business		3. Mailing Address			
120 Ruby Red ha		Suite, Apt. #, eic.		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. Longwood		Suite, Apt. #, etc.  LONGWOOD			
City & State		J		4. FEI Number	Applied For
FLORIDA		Fhor104		<u>59-3290638</u>	Not Applicable
<sup>Zip</sup> 3 275 0	Seminole	3 2750	Seminar	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
7. Name and Address of Current Registered Agent Name /					
1/11/10 Fly of cam as					
				Street Address (P.O. Box Number is Not Acceptable)  120 Ruby RCD KN	
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			City -	F	L 232750
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  January 1 - May 1 Fee is \$150.00					
After May	1, Fee is \$550.00			9. Election Campaign Financing	<b>\$5.00</b> May Be
THE THE PROPERTY OF A THE PARTY OF THE METERS AND THE SECOND OF THE PARTY OF THE PA	d UBR is \$61.25 o Florida Department o	f State		Trust Fund Contribution.	☐ Added to Fees
10.	OFFICERS AND	silmathardictions-radi			THE SAN STATE OF THE STATE
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41 I haraby partify that the	he information augnited wit	h thia filiag door not quali	fu for the exemption stated in St	action 119 07(3)(i) Florida Statutes   further	partify that the information

2. I hereby certify that the information supplied with this filling 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: Silliam E. Statuma WILLIAM E. WATERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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4077679529

Daytime Phone #

:R2E034B (12/0