## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED

## Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90027 008 \*\*\*150.00 **DOCUMENT # P95000062950** 1. Entity Name AEGIS SPORTS MANAGEMENT, INC. 50000219 Principal Place of Business Mailing Address 7651 ASHLEY PARK CT 215 N. EOLA DRIVE SUITE 408 ORLANDO, FL 32801 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11104 Lake Butler Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) Cha-P Applied For City & State 4. FEI Number City & State Windermere 59-3330160 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34786 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMOND, STEVEN B Street Address (P.O. 8ox Number is Not Acceptable) 7651 B ASHLEY PARK OF SUITE 408 ORLANDO, PET 32835 City 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. Signature, typedfor printed name of registered agent and title if applicable.

STEVEN B HAMMOND (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DVPS DVRS. TITLE Delete TITLE Change ☐ Addition Hammond, Steven B. HAMMOND, STEVEN B NAME 7051-B-ASHLEY PARK CT., STE: 408 STREET ADDRESS STREET ADDRESS 11104 Lake Butler Blvd. CITY-ST-ZIP ORLANDO-FL-32835 CITY-ST-712 Windermere, FL 34786 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Shapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

STEVEN B. HAMMOND