2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P95000065790 ALL SPORTS USA, INC. 02-12-2001 90248 029 ***150.00 Principal Place of Business Mailing Address 55 W. CHURCH STREET, SUITE 180 55 W. CHURCH STREET, SUITE 180 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 7081 GRAND NATIONAL DE ne St 3831 ω . v_i Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 1/0 City & State Applied For 4. FEI Number 59-3332508 FL ssimmee ORLAMDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Orano Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAMAB SIDDIQUI, SHAHAB Street Address (P.O. Box Number is Not Acceptable) 6 220 WERED THERIN 8085 CADIZ CT. ORLANDO FL 32836 8. The above names for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change SIDDIQUI, SHAHAB NAME NAME STREET ADDRESS 6220 MERRIDITH ERIN LN STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SIDDIQUI, MOHMMAD MOHTAS NAME NAME STREET ADDRESS 6220 MERRIDITH ERIN LN STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SIDDIQUI, SABEENA NAME NAME STREET ADDRESS 6220 MERRIDITH ERIN LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32819 Addition TITLE ☐ Delete TITLE Change NAME NAME FAIZA S. SIDDIQUI STREET ADDRESS STREET ADDRESS 6220 MERRIDITH ERIN LN. CITY-ST-ZIP ORLANDO, FLB2819 CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attack pent with an address, with all other like ampowered. empowered. 02-06-01 SIGNATURE: CER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF