2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 08:00 AM DOCUMENT # P95000091485 1. Entity Name **Secretary of State** SPORTS MAX CORP. Principal Place of Business Mailing Address 1420 THIRD STREET 1420 THIRD STREET SUITE 9 SUITE 9 NAPA CA NAPA CA 94559 94559 2. Principal Place of Business 3. Mailing Address 809 WALKER AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 1 City & State City & State 4. FEI Number Applied For OAKLAND CA 58-2216602 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE 32301 Zip Code FL 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. 04/27/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 TITLE ☐ Detete ☐ Change ☐ Addition TAKAHASHI NAME STREET ADDRESS NISHIMIYAHARA 2-7224 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OSAKA, JAPAN TITLE ☐ Delete SD ☐ Change ☐ Addition NAME VOICHIRO YAMAMOTO NAME STREET ADDRESS TOMOBUCHI 1-4-1 STREET ADDRESS CITY-ST-ZIF OSAKA, JAPAN CITY-ST-718 TITLE ☐ Delete TILE PD ☐ Change ☐ Addition NAME KAZUHIKO IMAMIYA NAME STREET ADDRESS 1420 THIRD STREET, SUITE 9 STREET ADDRESS CITY-ST-ZIP CA 94559 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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 attachment with an address, with all other like empowered.

FILED