## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 04, 2001 8:00 am Secretary of State DOCUMENT # P9600003450 1. Entity Name SPORTS DIGITIZING SPECIALISTS, INC. 05-04-2001 90093 018 \*\*\*150 00 Principal Place of Business Mailing Address 702 W 51ST STREET 702 W 51ST STREET MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 US US 2. Principal Place of Business 3. Mailing Address 714 W 51 ST Sheet 714 W.51 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0639075 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 -BLOCH, ANDREW Street Address (P.O. Box Number is Not Acceptable) 8811 HAWTHORNE AVE SURFSIDE FL 33154 Zip Code FL mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity so SIGNATURE agen and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change TITLE BLOCH, ANDREW NAME NAME STREET ADDRESS 8811 HAWTHORNE AVE STREET ADDRESS CITY-ST-ZIP SURFSIDE FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KEELER, JEFFREY NAME NAME 577 WEST 50TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 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 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 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 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 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 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 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or further certification in the supplied with the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or further certification in the supplied with the sup

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS C)TY-ST-ZIP

HTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR