2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P96000016184

changed, or on an attachment with arraddress, with all other like

MEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

1. Entity Name

RGD SPORTS, INC.

Principal Place of Business

505 WEKIVA SPRINGS ROAD #800 505 WEKIVA SPRINGS ROAD #800 LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3446756 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mame RUSSO, ROBERT G D Street Address (P.O. Box Number is Not Acceptable) 109 COMMERCE ST #1101 LAKE MARY FL 32746 Zip Code City 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. 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 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TIT' F THLE NAME DELLORUSSO, ROBERT G MAME STREET ADDRESS STREET ADDRESS 505 WEKIVA SPRINGS ROAD #800 CITY-S1-ZIP City-St-ZiP LONGWOOD FL 32779 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P Change Acdition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Acdition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ■ Addition ☐ Change Delete THES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ... ☐ Delete 71718 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - 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

Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90006 041 ***150.00