FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Jul 25, 2001 8:00 am Secretary of State P96000046673 **DOCUMENT #** 1. Entity Name 07-25-2001 90015 008 ***558.75 JOE'S SPORTING GOODS, INC. Principal Place of Business Mailing Address 149-C-FLAGLER-STREET 710 S. DIXIE HIGHWAY MIAMI FL 33131-**CORAL GABLES FL 33146** 2. Principal Place of Business 3. Mailing Address 644 COLLINS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied, For 65-0675132 MAM Not Applicable 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 ARAN, FERNANDO S ESQ. Street Address (P.O. Box Number is Not Acceptable) 710 S DIXIE HWY **CORAL GABLES FL 33146** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550,00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE ☐ Delete TITLE ☐ Addition MICHAEL SALZUERG SALZVERG, MICHAEL NAME NAME MIAMI SHORES FL STREET ADDRESS 148 E. FLAGLER-STREET STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DANNY SALZUENG SALZVERG, DANNY NAME NAME STREET ADDRESS STREET ADORESS 148 E: FLAGLER STREET 8420 SW W6 St CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 others like empowered.

SIGNATUE

SIGNATURE: