Apr.28. 2005 12:40PM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90511 012 ***150.00

DOCUMENT # P96000047955

1. Entity Name
SPORTS AND SPONSORSHIPS, INC.

Principal Place of Business	Mailing Address
846 LINCOLN ROAD 5TH FL MIAMI, FL 33139	846 LINCOLN ROAD 5TH FL MIAMI, FL 33139

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4000 Hollywood Blvd.	4000 Hollywood Blvd.
Suite, Apt. #, etc.: Ste 755 South	Suite, Apt. #, etc.: Suite 755 South
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: Broward	Zip: 33021 Country: Broward

4. FEI Number 65-0670750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECHER, SCOTT 846 LINCOLN RD 5TH FL MIAMI, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Ste 755 South City Hollywood FL Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECHER, SCOTT 846 LINCOLN RD 5TH FL MIAMI, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4000 Hollywood Blvd Ste 755 South Hollywood, FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-05 954-334-5930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #