2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 08:00 AM P96000082718 DOCUMENT # 1. Entity Name **Secretary of State** SKI-EE-ZZ SPORT, INC. Principal Place of Business Mailing Address 1136 S.E. 3RD AVENUE 1136 S.E. 3RD AVENUE FORT LAUDERDALE FL FORT LAUDERDALE FL33316 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0708677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYRRELL BRUCE 1136 S.E. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL33316 US Zip Code 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. 03/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) ☐ Addition HAMILTON MAME ALLEN NAME STREET ADDRESS 1136 S.E. 3RD AVENUE STREET ADDRESS FL 33316 CITY-ST-ZIP FORT LAUDERDALE CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME GROSSMAN ZACHARY DDR NAME STREET ADDRESS 1136 S.E. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TYRRELL COLLEEN NAME STREET ADDRESS 1136 S.E. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33316 CITY-ST-ZIP Delete TITLE Сhапде ☐ Addition TYRRELL BRUCE NAME STREET ADDRESS 1136 S.E. 3RD AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 changed, or on an attachment with an address, with all other like empowered. BRUCE M TYRRELL

03/27/2001

Date

Daytime Phone #

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR