## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P96000085018 1. Entity Name PLANET SOCCER SPORTS, INC. 04-26-2001 90264 004 \*\*\*150.00 Principal Place of Business Mailing Address 4630 KIRKMAN RD 9153 PINNACLE CIRCLE SUITE 131 WINDERMERE FL 34786 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business 4630, S. KIRKMAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #131 City & State City & State Applied For 4. FEI Number 59-3447525 ORLANDO FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32811 ORANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAREZ, HENRY Street Address (P.O. Box Number is Not Acceptable) 9153 PINNACLE CIRCLE WINDERMERE FL 34786 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change SUAREZ, HENRY NAME MAME 4630 KIRKMAN RD S #131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZiP TET: F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ACCRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-7:2 TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 2-P TITLE ☐ Dalete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CHY-ST ZP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST ZIP 13. Thereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRIN