2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

FILED DOCUMENT # P96000096214 May 19, 2000 8:00 am Secretary of State 1. Entity Name SPORT INVESTMENT PROPERTIES, INC. 05-19-2000 90076 020 ***150.00 Principal Place of Business Mailing Address 6600 COLLINS AVE 100 ANCHOR DR MIAMI BEACH FL 33141 KEY LARGO FL 33037-5277 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0715179 Not Applicable Zip Country Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPORT, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) -100-ANCHOR DR --#485 PMB 485 Dockside (KEY LARGO FL 33037 8. The above named entity submits this statement for the purpose of changing its registered office of 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) 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, 2000 Fee will be \$550.00 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. ☐ Delete TITLE TITLE SPORT, WILLIAM A NAME NAME STREET ADDRESS 100 ANCHOR DR #485 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition TITI F TITLE ☐ Delete GENTIL Andrea 28 B Madin Lane NAME crentile, andrea NAME STREET ADDRESS STREET ADDRESS 288 Marcin Lane -- CITY-ST-ZIP CITY-ST-ZIP KEY-LARGO FL 33037 [] Change Delete TITLE ☐ Addition TITLE SPORT, BRENDA P NAME STREET ADDRESS 100 ANCHOR DR #485 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change noitibb | ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS WOE TO 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.

GNING OFFICER OR SIRECTOR