2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am DOCUMENT # P97000025017 Secretary of State 1. Entity Name Sports For Fun, Inc. 05-02-2001 90172 044 ***150 00 Principal Place of Business Mailing Address 777 Yamato Rd Ste. 330 777 Yamato Rd. Ste 330 Boca Raton, FL 33431 Boca Raton, FL 33431 C0057214 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable <u>65-0735863</u> Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Myrick, Kim Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road Ste. 330 Boca Raton, FL 33431 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 (Secretary/Treasurer), ent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered ap FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE □ Delete TITLE Bosch, Julie (Pres) NAME NAME 6470 Pinyon Pine Court STREET ADDRESS STREET ADDRESS Lantana, FL 33462 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE Myrick, Kim (Sec/Tres) NAME NAME 1664 Flagler Manor Circle STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33411 CITY-ST-ZIP CITY-ST-ZIP Change -☐ Addition TITLE ... TITLE __ Lechner, Brian (V.P.) NAME NAME 360 SE Mizner Blvd. # 1509 STREET ADDRESS STREET ADDRESS Boca Raton, FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Myrick

4/19/01

(561) 893-0163

Daytime Phone #