## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000054929** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name SPORTS LIMITED EDITIONS & MEMORABILIA, INC. 04-04-2000 90051 034 \*\*\*150.00 Principal Place of Business Mailing Address 2230 SUNTRUST INTERNATIONAL CENTER 2230 SUNTRUST INTERNATIONAL CENTER 1 SOUTHEAST 3RD AVENUE 1 SOUTHEAST 3RD AVENUE MIAMI FL 33131-1700 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0768356 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORN, ANDREW W ESQ. Street Address (P.O. Box Number is Not Acceptable) 2230 SUNTRUST INTERNATIONAL CENTER 1 SOUTHEAST 3RD AVENUE MIAM! FL 33131 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. **PVST** TITLE Change Addition TITLE □ Delete HORN, LEE S NAME NAME 1 SOUTHEAST 3RD AVE 2230 SUNTRIST INT CTR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HORN, LEE S NAME NAME 1 SOUTHEAST 3RD AVE 2230 SUNTRIST INT CTR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF **MIAMI FL 33131** ☐ 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-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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

Lee Home President

3/28/00

35-313-7789

Daytime Phone #