FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90049 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108234

1. Entity Name
FAMILY SPORTS CONCEPTS, INC.

Principal Place of Business	Mailing Address
505 E. JACKSON ST. STE 308 TAMPA, FL 33602 US	505 E. JACKSON ST. STE 308 TAMPA, FL 33602 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5510 W. LASALLE St.		5510 W. LASALLE ST.	
Suite, Apt #, etc.: SUITE 200		Suite, Apt #, etc.: SUITE 200	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33607	Country: US	Zip: 33607	Country: US

4. FEI Number: 59-3485056 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A
101 E. KENNEDY BLVD
STE 2000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

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 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WINSHIP, CHUCK 505 E. JACKSON ST-308 TAMPA, FL 33602	☐ Delete	5510 W. LASALLE ST., STE 200 TAMPA FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELLODY, JAMES 505 E JACKSON ST-STE 308 TAMPA, FL 33602	☒ Delete	Estate of Jim Mellody c/o DOUGLAS WRIGHT, ESQ. Holland & KNIGHT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400 North Ashley Dr. Tampa FL 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 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 — Date — Daytime Phone #

CR2E034 (10/02)