2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000007071 1. Entity Name PRO-SPORT DESIGN, INC. Principal Place of Business Mailing Address 2069 S FEDERAL HWY FORT LAUDERDALE FL 33316 2069 S FEDERAL HWY FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0811743 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIGGANS, JOHN WILLIS JR. Street Address (P.O. Box Number is Not Acceptable) 2069 S FÉDERAL HWY FORT LAUDERDALE FL 33316 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typad or printed name of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition PTD सम्ब TITLE Delete U00000351849 05/03/05-80003-021 150.00 RIGGANS, JOHN WILLIS JR. NAME NAME STREET ADDRESS STRFFF LADDRESS 2069 S FEDERAL HWY CitY+ST-7IP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Change Addition **VSD** ☐ Delete TITLE TITLE FLANAGAN, ROBERT JAMES NAME NAME STREET ADDRESS STREET ADDRESS 170 E 2ND ST, STORE EAST CITY-ST-ZIP NEW YORK NY 10009 CITY-ST-ZIP FITTE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Addition 🔲 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes ! 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

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