FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2001 8:00 am DÖCUMENT # P9800007084 **Secretary of State** 1. Entity Name ABSOLUTE SPORTS, INC. 02-01-2001 90039 031 ***150.00 Principal Place of Business Mailing Address 3606 W STERLING CIR 3606 W STERLING CIR TAMPA FL 33629 TAMPA FL 33629 U**UU1227**0 2. Principal Place of Business 2521 w Jetton Are 2521 W Jetton DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3488389 Not Applicable Tampa Country 5 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIVYER, NEAL A Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** City 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. 1/25/04 SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE President Addition Jun Steup-t STEWART, JIM NAME NAME 2521 W JeHon Ave 3606 W STERLING CIR STREET ADDRESS STREET ADDRESS Tampa FL 33629 **TAMPA FL 33629** CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARANOWSKI, FRANK NAME NAME 798 FOXHOUND DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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.