## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # P98000021041 1. Entity Name FIT-FOR-SPORTS VIDEOS, INC. 03-29-2000 90073 042 \*\*\*150.00 Principal Place of Business Mailing Address 200-SOUTH BISCAYNE BLVD >#3800 200 SOUTH BISCAYNE BLVD. #3800 MIAMI FL 93121-2303 MIAMI PL 33131 2. Principal Place of Business 3. Mailing Address 子ool SW 9774 AUE 7001 SW 9771 AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0823205 ϺͱΑϻ MAIN Not Applicable Country Zip \$8.75 Additional 5 Certificate of Status Desired Fee Required USA 33172 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATALIE EERA FERRARO: JAMES L. Street Address (P.O. Box Number is Not Acceptable) 290 SOUTH BISCAYNE BLVD. #3800 MIAMI-FL 33131-8. 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change ☐ Addition Delete FERRARO, JAMES L. NAME NAME STREET ADDRESS -200 SOUTH BISCAYNE BLVD: #3800\_ STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP MIAMI FL 33131 D PRESIDENT Change ☐ Addition TITI F TITLE Detete FERA, NATALIË K NAME NAME 200 SOUTH BISCAYNE BLVD. #3800 STREET ADDRESS STREET ADDRESS CITY-ST<sub>3</sub>ZIP 38173 CITY-ST-ZIP MIAMI FL 33131-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 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.7 MAR 00

305-632-1998

Daytime Phone #