

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 11, 2000 8:00 am  
Secretary of State  
05-11-2000 90003 032 \*\*\*150.00

DOCUMENT # P98000054450  
Entity Name  
TOMS SPORTS CARDS INC  
Principal Place of Business  
322 UNIVERSITY DR  
CORAL SPRINGS FL 33065  
Mailing Address  
2322 UNIVERSITY DR  
CORAL SPRINGS FL 33065

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
4. FEI Number  
65-0919920  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SIEGEL, MARK C  
2330 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

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, typed or printed name of registered agent and title if applicable  
(NOTE: Registered Agent signature required when reinstating)  
STATE  
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P/T/D DELEO, THOMAS 2322 UNIVERSITY DR CORAL SPRINGS FLA 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: THOMAS DELEO 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #