

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 016 ***150.00

DOCUMENT # P98000106155

1. Entity Name
SPORTING PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433	Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433-3425
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2. Principal Place of Business 301 SEACREST RD Suite, Apt. #, Etc. 1051	3. Mailing Address 7000 W. PALMETTO PARK RD. Suite, Apt. #, Etc. 200
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City & State LARGO FL	City & State BOCA RATON, FL.	4. FEI Number 65-0886366	Applied For <input type="checkbox"/> Not Applicable
Zip 33771	Country U.S.A.	Zip 33433	Country U.S.A.

6. Name and Address of Current Registered Agent GARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name STEVEN GARELLEK Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK RD SUITE 200 City BOCA RATON FL Zip Code 33433
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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.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating)

DATE: **MARCH 14, 2000**

9. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME MARTENFELD, EDWARD	TITLE	NAME
STREET ADDRESS 86 GUUIDED CT #23, ETOBICOKE	CITY-ST-ZIP ONTARIO, CANADA M9V- 4K6	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: (NOTE: Registered Agent signature required when reinstating)

DATE: **MARCH 14, 2000** Daytime Phone #: **727-546-4447**

CR2E034 (9/99)