

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106155

FILED  
Jul 31, 2009  
Secretary of State

Entity Name: SPORTING PROPERTIES, INC.

**Current Principal Place of Business:**

12000 US HWY 19 N.  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

12000 US HWY 19 N.  
200  
CLEARWATER, FL 33764

**New Mailing Address:**

12000 U.S. HWY 19 N  
CLEARWATER, FL 33764 US

FEI Number: 65-0886366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYLES, STEPHEN CFO  
12000 U.S.HIGHWAY 19 N  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MARTENFELD, MARK  
Address: 12000 U.S. HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33764

Title: VP ( ) Delete  
Name: MARTENFELD, EVA MARNI  
Address: 12000 U.S. HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33764

Title: CFO ( ) Delete  
Name: MAYLES, STEPHEN B  
Address: 12000 U.S. HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33764

Title: SEC ( ) Delete  
Name: KRIESER, RITA  
Address: 12000 U.S. HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN MAYLES

CFO

07/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date