


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000106155			
1. Entity Name SPORTING PROPERTIES, INC.			
Principal Place of Business 3007 HERON PLACE CLEARWATER, FL 33762		Mailing Address 7000 WEST PALMETTO PARK ROAD 200 BOCA RATON, FL 33433	
2. Principal Place of Business 12000 US Hwy 19 N. Suite, Apt. #, etc.		3. Mailing Address 12000 US Hwy 19 N. Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764	Country USA	Zip 33764	Country USA
4. FEI Number 65-0886366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARELLEK, STEVEN 700 S. FEDERAL HWY STE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MARTENFELD, EDWARD 86 GUJUIDED CT #23, ETOBICOKE ONTARIO, CANADA, m9v 4k6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: MARCH 6, 2003 727-516-4447	
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2034 (10/02)