

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90202 048 ***150.00

DOCUMENT # P99000019640

1. Entity Name
SPORTSMANIA NETWORK, INC.



Principal Place of Business

**2780 S. DOUGLAS RD
SUITE 206
MIAMI FL 33133
US**

Mailing Address

**2780 S. DOUGLAS RD
SUITE 206
MIAMI FL 33133
US**

2. Principal Place of Business

1521 ALTON ROAD

3. Mailing Address

1521 ALTON ROAD

Suite, Apt. #, etc.

632

Suite, Apt. #, etc.

632

City & State

Miami FL

City & State

Miami FL

Zip

33130

Country

USA

Zip

33130

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0908972

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG
2100 SALZEDO STREET
SUITE 300
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VASSAS, BERNARD**
STREET ADDRESS **4906 SW 67 AVE M6**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VS** ☐ Delete
NAME **GOSSELIN, LOIC**
STREET ADDRESS **PRACA MAHATMA GANDHI 2/1302**
CITY-ST-ZIP **CENTRO RIO DE JANEIRO RJ 20031-100**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **DAWSON, STEVE**
STREET ADDRESS **7555 SW 82 AVE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03

305 301 3626

Date

Daytime Phone #

CR2E034 (10/02)