

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

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 15 PM 1:25

DOCUMENT # P99000023143	
1. Entity Name	
FORMULA SPORTYN, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7154 NORTH UNIVERSITY DR., SUITE 123		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC, FL		City & State	
Zip 33321	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0932474	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MARtha O. Torres</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>7154 NORTH UNIVERSITY DR. 123</u>	
	Suite <u>123</u>	
	City <u>TAMARAC</u>	FL
		Zip Code <u>33321</u>

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 MARtha O. Torres

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	P	TITLE	300156309133
NAME	MARtha O TORRES	NAME	05/22/09--01009--023--150.00
STREET ADDRESS	7154 NORTH UNIVERSITY DR., SUITE 123	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: MARtha O. Torres MARtha TORRES 4/27/2009 954-270-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**