

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90975 046 ***150.00

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

DOCUMENT #	P99000023143	YEAR-2003	
1. Entity Name			
FORMULA SPORTYN, INC.			

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6412 NORTH UNIVERSITY DR., SUITE 116		6412 NORTH UNIVERSITY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMARAC, FL		TAMARAC	
Zip	Country	Zip	Country
33321	USA	33321	USA

DO NOT WRITE IN THIS SPACE	
4. FEI Number	Applied For
65-0932474	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	
MARTA O TORRES	
Street Address (P.O. Box Number is Not Acceptable)	
6412 NORTH UNIVERSITY DR	
SUITE 116	
City	Zip Code
TAMARAC	FL 33321

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 _____ MARTA O TORRES _____ DATE 4/28/2003

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE	PVPDT	TITLE	
NAME	TORRE, MARTA O	NAME	
STREET ADDRESS	6412 NORTH UNIVERSITY DR., STE #116	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	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marta Torres* MARTA O TORRES, PRESIDENT 4/28/2003 (954) 270-4776

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