

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90473 044 \*\*\*150.00

DOCUMENT # P99000027928

1. Entity Name  
SPORTS NATION ENTERPRISES, INC.



Principal Place of Business

10571 NW 53 ST  
SUNRISE, FL 33351 US

Mailing Address

10571 NW 53 ST  
SUNRISE, FL 33351 US

60032707



2. Principal Place of Business

2171 N University Dr.

Suite, Apt. #, etc.

#123

City & State

Coral Springs, FL

Zip

33071

Country

3. Mailing Address

2171 N University Dr.

Suite, Apt. #, etc.

#123

City & State

Coral Springs, FL

Zip

33071

Country

04282006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0905566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIDELITZ, IRVING  
10571 NW 53RD ST  
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name  
WIDELITZ, IRVING  
Street Address (P.O. Box Number is Not Acceptable)  
2171 N University Dr. #123  
Coral Springs  
City  
FL Zip Code  
33071

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS | CITY - ST - ZIP   | <input type="checkbox"/> Delete |
|-------|------------------|----------------|-------------------|---------------------------------|
|       | WIDELITZ, IRVING | 10571 NW 53 ST | SUNRISE, FL 33351 |                                 |
|       |                  |                |                   |                                 |
|       |                  |                |                   |                                 |
|       |                  |                |                   |                                 |
|       |                  |                |                   |                                 |
|       |                  |                |                   |                                 |
|       |                  |                |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS             | CITY - ST - ZIP         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------------------|----------------------------|-------------------------|--|
|       | WIDELITZ, IRVING | 2171 N University Dr. #123 | CORAL SPRINGS, FL 33071 |  |
|       |                  |                            |                         |  |
|       |                  |                            |                         |  |
|       |                  |                            |                         |  |
|       |                  |                            |                         |  |
|       |                  |                            |                         |  |
|       |                  |                            |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 954-578-3344