Apr.27. 2007 11:52AM LUNDY & SHACTER PA

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May 16, 2007 8:00 am
Secretary of State
05-16-2007 90023 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000027928

1. Entity Name
SPORTS NATION ENTERPRISES, INC

40114737

04202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2171 N UNIVERSITY DR 123 SAINT PETERSBURG, FL 33701 US	2171 N UNIVERSITY DR 123 SAINT PETERSBURG, FL 33701 US
2. Principal Place of Business - No P.O. Box # 10208 NW 47 Street	3. Mailing Address 10208 NW 47 Street
Suite, Apt # etc.	Suite, Apt. # etc
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33351 Country US	Zip 33351 Country US

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
2171 N UNIVERSITY DR 123
POMPANO BEACH FL 33071

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 10208 NW 47 Street
City Sunrise FL Zip Code 33351

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, 2007 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D WIDELITZ, IRVING 2171 N UNIVERSITY DR 123 POMPANO BEACH, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Widelitz, Irving 10208 NW 47 Street Sunrise, FL 33351	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #