[redacted]
P99000027928

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 25 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/08/03--01029--012 **150.00

DOCUMENT # P99000027928

1. Entity Name
SPORTS NATION ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10716 NW 53 STREET SUNRISE, FL 33351 US	10716 NW 53 STREET SUNRISE, FL 33351 US

2. Principal Place of Business	3. Mailing Address
10573 NW 53 STREET	10573 NW 53 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 Country:	Zip: 33351 Country:

☑ CHECK HERE IF MAKING CHANGES

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
10716 NW 53 STREET
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 10573 NW 53 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIDELITZ, IRVING 10716 NW 53 STREET SUNRISE, FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10573 NW 53 STREET SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 with an address, with all other like empowered.

SIGNATURE: [signature] PRES. 8/28/03 954 578 3384

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