

2001 UNIFORM BUSINESS REPORT (UBR) *Amended*

APPROVED
AND
FILED

01 OCT -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P.99000049340*
1. Entity Name
SPORTS Zone Inc

Principal Place of Business Mailing Address
*3988 Highway 90 west
MARIANNA FL 32446*

2. Principal Place of Business 3. Mailing Address
MARIANNA FL. 3988 Highway 90 west
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MARIANNA FL.

Zip Country Zip Country
32446 U.S.A 32446

4. FEI Number Applied For
59-3580414 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
*Bobby R Hamilton
4003 W Lafayette St
MARIANNA, FL 32446*

7. Name and Address of New Registered Agent
Name
Elouise A. Hamilton
Street Address (P.O. Box Number is Not Acceptable)
4003 W. Lafayette St
City State Zip Code
MARIANNA FL 32446

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.

SIGNATURE *Elouise A. Hamilton* DATE *10.01.01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <i>President</i>	NAME <i>Elouise A. Hamilton</i> <input type="checkbox"/> Delete
STREET ADDRESS <i>4003 W Lafayette St</i>	
CITY-ST-ZIP <i>MARIANNA FL 32446</i>	
TITLE <i>VP</i>	NAME <i>BRANDON Hatcher</i> <input type="checkbox"/> Delete
STREET ADDRESS <i>1011 Highway 69 Grand Ridge FL 32447</i>	
CITY-ST-ZIP <i>GREENWOOD FL 32443</i>	
TITLE <i>TD</i>	NAME <i>FRANK Stackowicz</i> <input type="checkbox"/> Delete
STREET ADDRESS <i>5726 TROPICAL LANE</i>	
CITY-ST-ZIP <i>GREENWOOD FL 32443</i>	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
<p>400004627774--1 -10/09/01--01006--016 *****61.25 *****61.25</p>	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elouise A. Hamilton* DATE: *10-01-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

MW