

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000064109

FILED
Jul 22, 2009
Secretary of State**Entity Name:** SPORTS MANIA, INC.**Current Principal Place of Business:**924 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250**New Principal Place of Business:****Current Mailing Address:**924 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250**New Mailing Address:****FEI Number:** 59-3586942**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PEEK, DAVID H
1301 RIVERPLACE BLVD.
SUITE 1609
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: SMITH, JOHN A
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete
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Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SMITH, JOHN A
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Change (X) Addition
Name: SMITH, MATTHEW A
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Change (X) Addition
Name: SMITH, HILDA
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Change (X) Addition
Name: SMITH, KELSEY
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Change (X) Addition
Name: SMITH, GWENDOLYN
Address: 924 NORHT 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL

Title: VP () Change (X) Addition
Name: SMITH, JOHN C
Address: 924 NORTH 3RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. SMITH

PRES

07/22/2009

Electronic Signature of Signing Officer or Director_____
Date