## 2004 FOR PROFIT CORPORATION

REINS I A I EMEN I							E70 4 7		` -	* Y
DOCUMENT # P9900069397  1. Entity Name FOR PRO SPORTS GROUP, INC.								· · · · · · · · · · · · · · · · · · ·	<del></del>	
FOR PRO	SPURI	5 GROUP, INC.		'			N-4 PM 4: ETART OF ST			
Principal Plac	e of Busines	ş	Mailing Address			Table &		TUATE	<i>- 7</i> )(	U
3200 N. MILI	ITARY TRAIL	,	3200 N. MILITARY TRAIL			ドトル がっ	MATEN	EWI	$\mathcal{O}$	7
SUITE 200			SUITE 200			6 Care 2 2 2 2 2	, , , , , , , , , , , ,			
BOCA RATON			BOCA RATON, FL 33431 US							
2. Principal Place of Business			3. Mailing Address			<u> </u>		1444 81111 1814		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			12282004	REIN-P	CR2E098	· ·	MICI
City & State			City & State			4. FEI Numb 65-095			No	plied For t Applicable
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name	and Address of Current I	Registered Agent		Name	7. Name and	Address of New Re	gistered Age	nt	
SCRENCI	STEDUE	NI W			Ivame					
SCRENCI, STEPHEN W 3200 N. MILITARY TRAIL SUITE 200					Street Address	(P.O. Box Numb	er is Not Acceptable)			
BOCA RAT	TON, FL	33431			City				Zip Code	
			<del> </del>					FL		1
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 (20 Service 12/28/04										
SIGNATURE_	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Register	ed Agent signature requ	ired when reinstating		DATE	707	
FILE NOW!!! FEE I\$ \$150.00 After January 1, 2005, Fee will be \$300.00							In accordance w corporation did n	ith s. 607.19 ot receive th	3(2)(b), l e prior n	F.S., the otice.
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFFIC	CERS AND DI	RECTORS	3 IN 11
TITLE					E				Change	☐ Addition
NAME	MARTIN,			NAM	NE					
STREET ADDRESS CITY-ST-ZIP		MILITARY TRAIL, SUITE NTON, FL 33431	202	EET ADDRESS '-ST-ZIP		•				
TITLE	SD Delete II				E		000049	0/05	Change	Addition
NAME	SCRENCI, STEPHEN W				KE .	017	5000 <b>4</b> 3 04/050104	3~~8U0 ~~4.~3E	—————————————————————————————————————	0.00
STREET ADDRESS		ILITARY TRAIL SUITE :	200		EET ADDRESS	017	01/03 0107	J 00J	4.4.13	0.00
CITY-ST-ZIP	BOCA RATON, FL 33431				'-ST-ZIP					
TITLE			☐ Delete	TITL		<b>-</b> .			Change	☐ Addition
NAME STREET ADDRESS				NAM	ET ADDRESS					İ
CITY-ST-ZIP					-ST-ZiP					
TITLE			☐ Delete	ĬΠL	E				Change	Addition
NAME				NAM	iE					
STREET ADDRESS					ET ADDRESS					,
CITY-ST-ZIP			<b>5</b>		-ST-ZIP				0	
TITLE NAME			Delete	TITL				L	Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY+ST-ZIP		<u> </u>		СІТУ	'-ST-ZIP					İ
TITLE			☐ Delete	TITL	E	1 4			Change	☐ Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP			•		FET ADDRESS					
	nortificate = 4 ct	a information assessment and the	this filling does not a left of		'-ST-ZIP		(3. Flades Oct. 1	Luaharia 197	L - 4 · 1 ·	4
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daylore Program										
			J. Sterring of Floring					Баўія	- I NOTE #	