## 2004 FOR PROFIT CORPORATION REINSTATEMENT

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## **DOCUMENT # P99000082955** FILED 1. Entity Name SPORTSSPORTS.COM, INC. 04 OCT 25 PH 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 28473 US HWY 19 N 28473 US HWY 19 N 600 600 CLEARWATER, FL 33761 CLEARWATER, FL 33761 Principal Place of Business 3. Mailing Address. 8463 28463 10202004 REIN-P CR2E098 (6/04) 102 4 FEI Number Applied For WATER 59-3600023 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WASSERMAN WASSERMAN, PHILLIP Street Address (P.Q. Box Number is Not Acceptable 28473 US HWY 19 N **STE 600** CLEARWATER, FL 33761 <sup>Cit</sup>CLEARWATER 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. the obligations of registered Agent. I am familiar with, and accept SIGNATURE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. , After January 1, 2005, Fee will be \$300.00 10. i OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ■ Addition PHILLIP WASSEERMAN, PHILLIP NAME 28463 US 19N., STE, 102 STREET ADDRESS 28473 US HWY 19 N STE 600 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change 300042165003 /25/04--01081--024 \*\*15 NAME NAME STREET ADDRESS STREET ADDRESS \*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME \* STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE, and the TITLE ☐ Change ☐ Addition NAME NAME 13(5, ... ' E & STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.