2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with as

SIGNATURE:

dress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # P99000094570 INTERNATIONAL SPORTS GROUP, INC. 05-31-2000 90055 024 ***150.00 Mailing Address Principal Place of Business 5044 NORTHWEST 87TH TERRACE 5044 NORTHWEST 87TH TERRACE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-1968 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired ee Roquired --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete Change TITLE CE₀ TITLE NAME NAME STEINHART, HARRIS R STREET ADDRESS STREET ADDRESS 5044 NORTHWEST 87TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 Change ☐ Addition ☐ Delete TITLE TITLE NAME STEINHART, HARRIS R NAME STREET ADDRESS STREET ADDRESS **5044 NORTHWEST 87TH TERRACE** CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE f-1 Change Addition Defete imié PSD NAME NAME MULLER, DAVID G STREET ADDRESS **5044 NORTHWEST 87TH TERRACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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