2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P9900094570-1. Entity Name INTERNATIONAL SPORTS GROUP, INC. 01-24-2001 90008 020 ***155.00 Mailing Address Principal Place of Business 5434 WEST SAMPLE ROAD 5434 WEST SAMPLE ROAD 702001 **SUITE 231 SUITE 231** MARGATE FL 33073 MARGATE FL 33073 2. Principal Place of Business 3. Mailing Address 5044 N.W. 81 TERRACE 5044 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0457468 oral Not Applicable \$8.75 Additional 5. Certificate of Status Desired BOOWERA Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 23067 8. The above named entity subfalts this statement for the purpose of changing its registered office or regi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing \$5.00 May Be_. Tax filling requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition CE₀ ☐ Delete TITLE TITLE NAME STEINHART, HARRIS R NAME STREET ADDRESS STREET ADDRESS 5044 NORTHWEST 87TH TERRACE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33067 TITLE Change ☐ Addition ☐ Delete TITLE STEINHART, HARRIS R NAME NAME STREET ADDRESS STREET ADDRESS **5044 NORTHWEST 87TH TERRACE** CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Addition ☐ Change Delete TITLE PSD MULLER, DAVID G NAME NAME STREET ADDRESS STREET ADDRESS **5044 NORTHWEST 87TH TERRACE** CITY-ST-ZiP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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