2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: 2

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P99000103002 GTS SPORTS, INC. 04-11-2001 90088 022 ***150.00 Mailing Address Principal Place of Business 5191 INAGUA WAY 5191 INAGUA WAY NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3611873 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOGERMAN, RICHARD M P.A. Street Address (P.O. Box Number is Not Acceptable) 312 S.E. 17TH STREET 2ND FLOOR FORT LAUDERDALE FL 33316 City Zip Code 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 Signature, typed or or ned 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 Tax filing requirement and elects to do so. After 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 ☐ Change Addition TITLE □ Delete GENTILE , STEPHEN JONES, RICK ALLEN NAME NAME 13918 GREEN BRANCH DREVE 27 SUMMER FIELD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZiP **LUTHERVILLE MD 21093** CITY - ST - ZIP PHOENEX, MD 21131 VSTD Change TITLE Delete TITLE Addition Addition ALVIN, MARK ROY NAME NAME 3600 MILBRANCH PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23233 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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 receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Slock 11 or Block 12 if

RECK A. JONES

CR2E034 (10/00)

Daytime Phone #