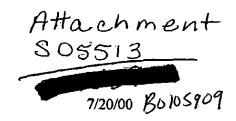
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S05513 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name D & N SPORTS, INC. 08-01-2000 90114 041 ***125.00 09-12-2000 90235 042 ****25.00 Principal Place of Business... - - - - Mailing Address - - - -17201 NW 27 AVE 17201 NW 27 AVE BAY #14 RAY #14 MIAMI FL 33056 MIAM! FL 33056 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 Applied For 65-0221268 Not Applicable Ζiρ Country Ζiρ 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 ROSS, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 17201 NW 27 AVE **BAY #14** MIAMI FL 33056 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 printed name of registered agent and bile if applicable. (NOTE: Registered Agent algorithm required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition TITLE ☐ Change Delete NAME ROSS, DOUGLAS NAME STREET ADDRESS 2030 NW 175 ST STREET ADDRESS CITY-ST-ZIP. MIAMI FL CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change . ☐ Addition ☐ Delete TIFLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete DT F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

00/81/2



Dear Sir:

I never received a first notice from Division Of Corporations to pay corporation fee so I don't think I should have to pay \$550.00, so I am sending \$125.00 and hopeing it will be excepted

Thank You Douglas Ross