2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71032

1. Entity Name

INTERNATIONAL SPORTS AND ENTERTAINMENT LIMITED,

FILED
00 APR 28 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
684 OSWEGO COURT WINTER SPRINGS FL 32708	~~33 E. ROBINSON ST~~ ~~SUITE 202~~ ~~ORLANDO FL 32801-1964~~

2. Principal Place of Business	3. Mailing Address
	684 OSWEGO CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINTER SPRINGS FL
Zip / Country	Zip: 32708 / Country: SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number: [redacted]

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LANG, THOMAS F~~
~~105 E ROBINSON ST, STE 201~~
~~SUITE 1300~~
~~ORLANDO FL 32801~~ OK

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 14 E. WASHINGTON ST

STE 600

City: ORLANDO FL Zip Code: 32801

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $400.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	[redacted]
NAME	PARTYKA, PAUL P		NAME	
STREET ADDRESS	684 OSWEGO COURT		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32807		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	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 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: [signature] PAUL P PARTYKA 4/27/00 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #