2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 08:00 AM Secretary of State

DOCUMENT # V12294 1. Entity Name DESIGNATED SPORTS, INC.			Secretary of S	St	
Principal Place		Mailing Address			
5225 SILO R ST AUGUSTIN	D IE, FL 32092	5225 SILO RD ST AUGUSTINE, FL 32092			
51710005111		3. 7.0003 Tilke, 12 32032			
	a				
ח	O NOT WRITE	INI THIC COA	ĈĖ '	01312008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPAC				4. FEI Number Applied For 59-3114388 Not Applied	
** • **		and the state of the		5 Certificate of Status Desired S8.75 Additional	
-	6. Name and Address of Current Re	glatered Agent	<u> </u>	Fee Required	{
WEBB LORINE 5225 SILO RD SAINT AUGUSTINE, FL 32092				DO NOT WRITE IN THIS SPACE	
B. 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. I am familiar with, and accept					
the obligati	ions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and	utle if applicable. (NOTE Registere	d Agent signature required	ired when reinstating) , DATE	
v. FILE NOWIII FEE IS \$150.00 1. After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5	5.00 May Be dded to Fees	-2
10	OFFICERS AND DI	RECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, LORINE 5225 SILO RD SAINT AUGUSTINE, FL 32092				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			All the same	U00000842509 	
TITLE					
NAME STREET ADDRESS				DO NOT WRITE	
CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME				IN THIS SPACE	
STREET ADDRESS			3 4 5 7	State State Commencer Commencer State Commencer State Commencer State Commencer State Commencer State Commencer	`
CITY-ST-ZIP			4 - 4 - 4 - 4	The company of the contract of the	.
TITLE NAME					.
STREET ADDRESS	• •		1, 2,	9	
ÇİTY-ST-ZIP		* 1 3			` ;
NAME TO A	no months of the second of the	·		A Committee of the State of the	
STREET ADDRESS		1000 TO 1000 (12)	To figure of	可要用的 的 1999年 1998年 1997年 1998年 1997年 1998年 1997年 199	- (

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURÉ:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

LORINE) WESS

2/26/08

904797 16

Daytime Phone ≢