

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90719 025 \*\*\*550.00

**DOCUMENT # F96000006528**

1. Entity Name  
**ACTION PERFORMANCE COMPANIES, INC.**

Principal Place of Business      Mailing Address  
**4707 E BASELINE RD**      **4707 E BASELINE RD**  
**PHOENIX AZ 85040**      **PHOENIX AZ 85040**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**86-0704792**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~C-T CORPORATION SYSTEM~~  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number, is Not Acceptable)  
 City      **FL**      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 title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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, 2002 Fee will be \$550.00**  
**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	<del>DCP</del>	<input type="checkbox"/> Delete
NAME	<b>WAGENHALS, FRED W.</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	
TITLE	<del>CEO</del>	<input type="checkbox"/> Delete
NAME	<b>WAGENHALS, FRED W</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	
TITLE	<del>DSV</del>	<input type="checkbox"/> Delete
NAME	<b>VOLOSIN, MELODEE</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	
TITLE	<del>VT</del>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, R D JR</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	
TITLE	<del>DR</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>LLOYD, JACK M</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<b>BAUM, ED</b>	
STREET ADDRESS	<b>4707 E BASELINE RD</b>	
CITY-ST-ZIP	<b>PHOENIX AZ 85040</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ZIP: 85042</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ZIP: 85042</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ZIP: 85042</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Matthews</b>	
STREET ADDRESS	<b>4707 E. Baseline Road</b>	
CITY-ST-ZIP	<b>Phoenix, AZ 85042</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ZIP: 85042</b>	
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: *R. David Martin, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

602 337 3700  
 Date      Daytime Phone #

CR2E034 (9/01)