· 2000 UNIFORM BUSINESS REPORT (UBR) DOCÚMENT # **P97000084502** May 02, 2000 8:00 am 1. Entity Name Secretary of State SPORTS GROUP INTERNATIONAL, INC. 05-02-2000 90119 047 ***150.00 Principal Place of Business Mailing Address NAUMANN & LEVINE. LLP 7730 EAST GREENWAY RD., SUITE 203 401 WEST A STREET.. STE 1850 SCOTTSDALE AZ 85260 **........** SAN DIEGO CA 92101-9773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3474394 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/D ☐ Addition TITLE ☐ Delete Blackwell. BLACKWELL, KEVIN Kevin NAME Greenway Rd., Svite 203 STREET ADDRESS 7730 EAST GREENWAY RD., SUITE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85260 Scottsdale ☐ Change Delete TITLE TITLE David Guaring NAME NAME 7730 E. Greenway RJ., Suite 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Michael Reagan NAME 7730 E. Orkenway Rd., Svite 203 NAME STREET ADDRESS STREET ADDRESS Scot todale. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Blackwell E. Greenway Rd., Suite 203 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP cuttsdale ☐ Change Addition Delete TITLE Robert Corliss NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 30144 CITY-ST-ZIP Addition ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: