

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90148 035 ***150.00

CS91030

DOCUMENT # P97000084502

1. Entity Name

~~SPORTS GROUP INTERNATIONAL, INC.~~

Kahala Corp. ✓

Principal Place of Business

200 E. ROBINSON STREET
 SUITE 450
 ORLANDO FL 32801

Mailing Address

MICHAEL REAGAN, ESQUIRE
 7730 E GREENWAY RD., @203
 SCOTTSDALE AZ 85260

2. Principal Place of Business

3. Mailing Address

7730 E. Greenway Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite No. 104

City & State

City & State

Scottsdale AZ

4. FEI Number

59-3474394

Applied For

Not Applicable

Zip

Country

Zip

Country

85260

USA

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

CT CORPORATION SYSTEM
 1200 S. 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BLACKWELL, KEVIN	
STREET ADDRESS	7730 EAST GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUARINO, DAVID	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	V	<input type="checkbox"/> Delete
NAME	REAGAN, MICHAEL	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLACKWELL, KATHRYN	
STREET ADDRESS	7730 E GREENWAY RD., SUITE 203	
CITY-ST-ZIP	SCOTTSDALE AZ 85260	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORLISS, ROBERT	
STREET ADDRESS	1950 VAUGHN RD	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATO, DON	
STREET ADDRESS	6934 E 5TH AVENUE	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Reagan

Date

1/11/01

Daytime Phone #

443-0200

CR2E034 (10/00)