

1.) CORPORATION NAME: <b>Portsmouth City Sports Club Incorporated</b>	DUE DATE: <b>8/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DE'ANDRE A BARNES 218 BOAT ST PORTSMOUTH, VA</b>	SCC ID NO: <b>07809015</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PORTSMOUTH CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 218 BOAT STREET CITY/ST/ZIP: PORTSMOUTH, VA 23702	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DE'ANDRE BARNES TITLE: CEO ADDRESS: 218 BOAT STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23702	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MALLORY CARVER TITLE: DIRECTOR ADDRESS: 25 IRWIN ST CITY/ST/ZIP/CO: PORTSMOUTH, VA 23702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: LISA PERFY TITLE: DIRECTOR ADDRESS: 218 BOAT STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MARKYIO STATON TITLE: DIRECTOR ADDRESS: 2 LOUDER COURT CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DE'ANDRE BARNES	DE'ANDRE BARNES, CEO	12/4/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.