

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F94000000961 (2)
1. Corporation Name
THE FINISH LINE, INC. OF DELAWARE



Principal Place of Business 3308 N. MITTHOEFFER RD. INDIANAPOLIS IN 46236	Mailing Address 3308 N. MITTHOEFFER RD. INDIANAPOLIS IN 46236
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1994	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 35-1537210	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	COHEN, ALAN H	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	KLAPPER, DAVID I	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FAGIN, DAVID M	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	SABLOSKY, LARRY J	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, STEVEN J	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COURTNEY, DONALD E	
STREET ADDRESS	3308 N. MITTHOEFFER RD.	
CITY-ST-ZIP	INDIANAPOLIS IN 46236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/P, Assistant Sec/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kevin Wampler	
1.3 STREET ADDRESS	3308 N. MITTHOEFFER ROAD	
1.4 CITY-ST-ZIP	INDIANAPOLIS, IN. 46236	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jonathan Layne	
2.3 STREET ADDRESS	3308 N. MITTHOEFFER ROAD	
2.4 CITY-ST-ZIP	INDIANAPOLIS, IN. 46236	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeffrey Smulyan	
3.3 STREET ADDRESS	3308 N. MITTHOEFFER ROAD	
3.4 CITY-ST-ZIP	INDIANAPOLIS, IN. 46236	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)