

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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1996 JUL 19 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500001899075  
-07/19/96--01013--014  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	F95000004238
1. Corporation Name	TAMPA SCOREBOARD CORPORATION

Principal Place of Business	Mailing Address
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3. Date Incorporated or Qualified	3a. Date of Last Report
4/10/95	
4. FEI Number	Applied For
59-3339562	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 ONE BUCCANEER PLACE	26 ONE BUCCANEER PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TAMPA	28 TAMPA
Zip	Zip
24 33607	29 33607
Country	Country
25 US	30 US

9. Name and Address of Current Registered Agent

ANDREW J. LUBRANO  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA FL 33602

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 607.0502 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 registering)

12. OFFICERS AND DIRECTORS

TITLE	P/C
NAME	MALCOLM I. -GLAZER
STREET ADDRESS	1482 SOUTH OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	V/D
NAME	BRYAN G. GLAZER
STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP	TAMPA FL 33607
TITLE	V/S/D
NAME	JOEL M. GLAZER
STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP	TAMPA FL 33607
TITLE	V
NAME	AVRAM GLAZER
STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP	TAMPA FL 33607
TITLE	V
NAME	KEVIN GLAZER
STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP	TAMPA FL 33607
TITLE	V
NAME	EDWARD GLAZER
STREET ADDRESS	ONE BUCCANEER PLACE
CITY-ST-ZIP	TAMPA FL 33607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joel M. Glazer VP 7/18/96 813-870-2700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JOEL M. GLAZER, VICE PRESIDENT  
 Date: Daytime Phone #