FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 12 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F95000004238 (0)**

1. Corporation Name
TAMPA SCOREBOARD CORPORATION

Principal Place of Business	Mailing Address
ONE BUCCANEER PLACE TAMPA FL 33607	ONE BUCCANEER PLACE TAMPA FL 33607-5701

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report: **07/19/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3339562** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUBRANO, ANDREW J ESQ
101 E. KENNEDY BLVD., #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 **FL** 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, MALCOLM I		1.2 NAME	
STREET ADDRESS	1482 S. OCEAN BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, JOEL M		2.2 NAME	
STREET ADDRESS	ONE BUCCANEER PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, BRYAN G		3.2 NAME	
STREET ADDRESS	ONE BUCCANEER PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, AVRAM		4.2 NAME	
STREET ADDRESS	ONE BUCCANEER PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, KEVIN		5.2 NAME	
STREET ADDRESS	ONE BUCCANEER PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GLAZER, EDWARD		6.2 NAME	
STREET ADDRESS	ONE BUCCANEER PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		6.4 CITY-ST-ZIP	

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CR2E034 (9/96)

14. I do 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: Joel Glazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #