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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000001444 (6)
 1. Corporation Name
MERIDIAN SPORTS INCORPORATED



Principal Place of Business: 100 Cherokee Cove Drive, Vonore, TN 37885-2129
 Mailing Address: 5900 NORTH ANDREWS AVENUE STE 700A, FORT LAUDERDALE FL 33309-2366

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 100 Cherokee Cove Dr., Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/21/1996	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Vonore, TN	28 Zip	13-3776096	Not Applicable
24 37885-2129	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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 (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPIER, GEORGE	12 NAME	James W. Hoag
STREET ADDRESS	625 MADISON AVENUE	13 STREET ADDRESS	100 Cherokee Cove Dr.
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	Vonore, TN
TITLE	V	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, MARK	22 NAME	Irwin Engelman
STREET ADDRESS	625 MADISON AVENUE	23 STREET ADDRESS	35 East 63rd Street
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	New York, NY
TITLE	VS	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKES, GLENN P	32 NAME	
STREET ADDRESS	36/38 EAST 63RD STREET	33 STREET ADDRESS	625 Madison Ave.
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	New York, NY
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHUT, THOMAS E	42 NAME	
STREET ADDRESS	625 MADISON AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, RONALD O	52 NAME	
STREET ADDRESS	35 EAST 62ND STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, ERIC	62 NAME	
STREET ADDRESS	35 EAST 62ND STREET	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

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 _____ (954) 372-0550

CR2E034 (9/96)