

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED  
1995 MAY -1 3 6 07  
STATE OF FLORIDA

DOCUMENT # **P17954 (9)**

1. Corporation Name  
**ATP TOUR, INC.**

**600001490736**  
-05/17/95--01054--002  
\*\*\*\*130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>200 ATP TOUR BLVD. PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>200 ATP TOUR BLVD. PONTE VEDRA BEACH FL 32082</b>
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3. Date Incorporated or Qualified <b>02/09/1988</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FBI Number <b>95-2833251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO MILES, MARK 200 ATP TOUR BLVD. PONTE VEDRA BEACH FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T GALLOWAY, PHILIP B 200 ATP TOUR BLVD. PONTE VEDRA BEACH FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S YOUNG, MARK V 200 ATP TOUR BLVD. PONTE VEDRA BEACH FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>COO SCOTT, LAWRENCE G 200 ATP TOUR BLVD. PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>D SEE ATTACHED LIST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>DUA 5-1-95</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/25/95** 904-285-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATP Tour Board of Directors**

**Vijay Armitraj**  
First Serve Entertainment  
7716 Balboa Boulevard  
Suite C & D  
Van Nuys, CA 91406

**Franco Bartoni**  
Italian Tennis Federation  
Viale dei Gladiatori, 31  
00194 Rome, Italy

**Brad Drewett**  
56 Myoora Road  
Terrey Hills  
NSW 2084 Australia

**Graham Lovett**  
Sport Australia  
12th Floor, 55 Lavender Street  
Milson's Point  
NSW Australia

**Tim Mayotte**  
785 West End Avenue, Apt. 11B  
New York, NY 10025 USA

**Charlie Pasarell**  
Newsweek Champions Cup  
44-650 Indian Wells Lane  
Indian Wells, CA 92210 USA