


FILED
May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35314
 1. Corporation Name
DAILY RACING FORM, INC.



Principal Place of Business 10 LAKE DRIVE HIGHSTOWN NJ 08520 US	Mailing Address 10 LAKE DRIVE HIGHSTOWN NJ 08520 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2231 E. Camelback #100 Suite, Apt. #, etc. 22 Suite 100		2a. Mailing Address 26 2231 E. Camelback Suite, Apt. #, etc. 27 Suite 100		3. Date Incorporated or Qualified 08/29/1991	4. FEI Number 13-3616342	Applied For <input type="checkbox"/> Not Applicable
23 City & State Phoenix AZ		28 City & State Phoenix AZ		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 85016		29 Zip 85016		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REILLY, WILLIAM F.		1.2 NAME Steven Crist	
STREET ADDRESS 26 SHINNECOCK RD		1.3 STREET ADDRESS 14 Mulford Place # 4C	
CITY-ST-ZIP QUOGUE NY 11959		1.4 CITY-ST-ZIP Hempsted NY 11550	
TITLE VC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCURDY, CHARLES G.		2.2 NAME William Dow	
STREET ADDRESS 1158 FIFTH AVE		2.3 STREET ADDRESS 2231 E. Camelback #100	
CITY-ST-ZIP NEW YORK NY 10029		2.4 CITY-ST-ZIP PHOENIX AZ 85016	
TITLE VCS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHELL, BEVERLY C.		3.2 NAME Richard Goldstein	
STREET ADDRESS 21 BLUEWATER HILL		3.3 STREET ADDRESS 30 carriage Ct.	
CITY-ST-ZIP WESTPORT CT 06880		3.4 CITY-ST-ZIP Muttontown, NY 11791	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FARNSWORTH, JACK L.		4.2 NAME Carl Harnick	
STREET ADDRESS PO BOX 397 MARRATOOKA RD		4.3 STREET ADDRESS 3069 Ann St.	
CITY-ST-ZIP MATTITLUCK NY		4.4 CITY-ST-ZIP Baldwin NY 11510	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMPSON, CURTIS A.		5.2 NAME Bruce Greenwald	
STREET ADDRESS 18 KNOLLWOOD LANE		5.3 STREET ADDRESS 17 Stiles Lane	
CITY-ST-ZIP COLD SPRING NY 10516		5.4 CITY-ST-ZIP Greenwich CT 06831	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VERLIN, STEPHEN		6.2 NAME Diana Kostas	
STREET ADDRESS 345 EAST 64TH ST		6.3 STREET ADDRESS 2231 E. Camelback #100	
CITY-ST-ZIP NEW YORK NY		6.4 CITY-ST-ZIP PHOENIX AZ 85016	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 BR address, with all other like empowered.

SIGNATURE: William Dow Date: 5/21/99 (602) 468-6565

CR2E034 (11/98)