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Mar 07 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 # P94000062005 (1)

1. Corporation Name
SPORTSFAN HOLDINGS, INC.



Principal Place of Business: 1801 CLINT MOORE ROAD, STE.204 BOCA RATON FL 33487
Mailing Address: 1801 CLINT MOORE ROAD, STE.204 BOCA RATON FL 33487-2752

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business: 21 6830 N. Federal Hwy., Suite, Apt. #, etc. 22 Third Floor, City & State: 23 Boca Raton, FL
2a. Mailing Address: 26 6830 N. Federal Hwy., Suite, Apt. #, etc. 27 Third Floor, City & State: 28 Boca Raton, FL
24 33487-1626, Country: 25 Palm Beach, 29 33487-1626, 30 Palm Beach

4. FEI Number: 65-0519876
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: CIVTA, CARLOS % SPRING PUBLISHING GROUP, INC. 1801 CLINT MOORE ROAD, STE. 204 BOCA RATON FL 33487
10. Name and Address of New Registered Agent: 81 Name: CIVTA, CARLOS 82 Street Address (P.O. Box Number is Not Acceptable): 6830 North Federal Highway 83 Third Floor 84 City: Boca Raton, FL 85 Zip Code: 33487

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: CIVTA, CARLOS	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1801 CLINT MOORE RD. #204	CITY-ST-ZIP: BOCA RATON FL	1.2 NAME:	
TITLE: V	NAME: CIVTA, CESAR M.	1.3 STREET ADDRESS: 6830 North Federal Highway-3rd F	
STREET ADDRESS: 1801 CLINT MOORE RD. #204	CITY-ST-ZIP: BOCA RATON FL	1.4 CITY-ST-ZIP: Boca Raton, FL 33487-1626	
TITLE: S	NAME: ECHEVERRY, OSCAR	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1801 CLINT MOORE RD. #204	CITY-ST-ZIP: BOCA RATON FL	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS: 6830 North Federal Highway-3rd F	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: Boca Raton, FL 33487-1626	
TITLE:	NAME:	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS: 6830 North Federal Highway-3rd F	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: Boca Raton, FL 33487-1626	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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: [Signature] Oscar Echeverry Date: 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)