

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000046415 (0)
 1. Corporation Name
MAJOR LEAGUE INDOOR FOOTBALL, INC.



Principal Place of Business: **2106 DREW ST. STE. 103 CLEARWATER FL 34625**
 Mailing Address: **2106 DREW ST. STE. 103 CLEARWATER FL 34625**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3447903	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent DICKSON, L J 4707 140TH AVE. NORTH STE. 309 CLEARWATER FL 33782				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, GARY	1.2 NAME	
STREET ADDRESS	2106 DREW ST. STE. 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, TRUDY	2.2 NAME	
STREET ADDRESS	2106 DREW ST. STE. 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P/T/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, BRYAN	3.2 NAME	
STREET ADDRESS	2106 DREW ST. STE. 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	3.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, DARA	4.2 NAME	
STREET ADDRESS	2106 DREW ST. STE. 103	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	4.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESDEN, SCOTT	5.2 NAME	
STREET ADDRESS	222 MAMARONECK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10605	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dezra Owens
STREET ADDRESS		6.3 STREET ADDRESS	2106 Drew St. Ste 103
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, FL 33765

14. I 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]* **Gary Dresden**
 Vice President 4-13-98 813-442-0445

CR2E034 (10/97)