


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90137 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000046415

1. Corporation Name
MAJOR LEAGUE INDOOR FOOTBALL, INC.

Principal Place of Business 2106 DREW ST. STE. 103 CLEARWATER FL 33765 US	Mailing Address 2106 DREW ST. STE. 103 CLEARWATER FL 33765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 05/22/1997
4. FEI Number 59-3447903
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DICKSON, L J 4707 140TH AVE. NORTH STE. 309 CLEARWATER FL 33762	10. Name and Address of New Registered Agent 81 Name Owens, Dezra 82 Street Address (P.O. Box Number is Not Acceptable) 2106 Drew Street 83 Suite Suite 103 84 City Clearwater FL 85 Zip Code 33765
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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 Dezra Owens **Dezra Owens** 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (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 33765		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input 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 33765		2.4 CITY-ST-ZIP	
TITLE PTAD	<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 33765		3.4 CITY-ST-ZIP	
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 33765		4.4 CITY-ST-ZIP	
TITLE DAT	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRESDEN, SCOTT		5.2 NAME	
STREET ADDRESS 222 MAMARONECK AVE.		5.3 STREET ADDRESS White Plains, NY 10605	
CITY-ST-ZIP CLEARWATER FL 33765		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE Owens, Dezra	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWENS, DEZBRA		6.2 NAME	
STREET ADDRESS 2106 DREW ST STE 103		6.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: GARY DRESDEN **GARY DRESDEN, VICE-PRESIDENT** 4-20-99 (727)442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)