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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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99 FEB 18 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58353

1. Corporation Name
GRAND SLAM SPORTS MARKETING, INC

Principal Place of Business Mailing Address
20533 BISCAYNE BLVD SAME
#4163
AVENTURA FL 33180

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

9. Name and Address of Current Registered Agent
JERRY LEADER
20533 BISCAYNE BLVD 4163
AVENTURA, FL 33180

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 typed or printed name of registered agent and the applicant. (If the registered agent is not the applicant, the name of the registered agent must be typed or printed.)

12. OFFICERS AND DIRECTORS
TITLE [DELETE] NAME [DELETE]
D. ST LEADER, JERRY
STREET ADDRESS [DELETE] SAME AS ABOVE
CITY-ST-ZIP [DELETE]
TITLE [DELETE] D. COO [DELETE]
NAME [DELETE] STOLLE, FRED
STREET ADDRESS [DELETE] SAME AS ABOVE
CITY-ST-ZIP [DELETE]
TITLE [DELETE] D. COO [DELETE]
NAME [DELETE] DAVIDSON, OWEN
STREET ADDRESS [DELETE] SAME AS ABOVE
CITY-ST-ZIP [DELETE]
TITLE [DELETE]
NAME [DELETE]
STREET ADDRESS [DELETE]
CITY-ST-ZIP [DELETE]
TITLE [DELETE]
NAME [DELETE]
STREET ADDRESS [DELETE]
CITY-ST-ZIP [DELETE]
TITLE [DELETE]
NAME [DELETE]
STREET ADDRESS [DELETE]
CITY-ST-ZIP [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 NAME [Change] [Add]
12 NAME [Change] [Add]
13 STREET ADDRESS [Change] [Add]
14 CITY-STATE-ZIP [Change] [Add]
15 TITLE [Change] [Add]
16 NAME [Change] [Add]
17 STREET ADDRESS [Change] [Add]
18 CITY-STATE-ZIP [Change] [Add]
19 NAME [Change] [Add]
20 STREET ADDRESS [Change] [Add]
21 CITY-STATE-ZIP [Change] [Add]
22 NAME [Change] [Add]
23 STREET ADDRESS [Change] [Add]
24 CITY-STATE-ZIP [Change] [Add]
25 NAME [Change] [Add]
26 STREET ADDRESS [Change] [Add]
27 CITY-STATE-ZIP [Change] [Add]
28 NAME [Change] [Add]
29 STREET ADDRESS [Change] [Add]
30 CITY-STATE-ZIP [Change] [Add]

14. I hereby certify that the information supplied to the best of my knowledge and belief is true and correct, and that the information is not false or misleading in any material respect. I am a director or officer of the corporation or the registered agent, and I am authorized by the corporation's board of directors to execute this report. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am listed on an attached copy of an annual book, without other fee, to my own knowledge.

SIGNATURE: [Signature] Sec - Treas.

2-16-99 305-931-9250

CR2E034 (1-1-98)