

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F25771

(9)

1. Corporation Name

NTN HOLDINGS, INC.



Principal Place of Business

8412 SABAL IND BLVD
TAMPA FL 33619

Mailing Address

8412 SABAL IND BLVD
TAMPA FL 33619

2. Principal Place of Business

21 16505 East Course Dr
Suite, Apt. #, etc.

22 City & State
Tampa FL

23 Zip
33624

24 Hillsb.

2a. Mailing Address

26 c/o Diercksen
Suite, Apt. #, etc.

27 16505 East Course Dr
City & State

28 Tampa, FL

29 Zip
33624

30 Hillsb.

3. Date Incorporated or Qualified

03/18/1981

3a. Date of Last Report

02/14/1995

4. FLEI Number

58-1429479

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

DIERCKSEN, WILLIAM C
8412 SABAL INDUSTRIAL BLVD
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name
Same Diercksen, William C

82 Street Address (P.O. Box Number is Not Acceptable)

16505 East Course Dr

83

84

City Tampa, FL

FL

85 Zip Code

33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

William C. Diercksen

William C. Diercksen

5-2-96

Signature of individual or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME DIERCKSEN, WILLIAM C.
STREET ADDRESS 8412 SABA INDUSTRIAL BLV
CITY - ST - ZIP TAMPA, FL 00000

TITLE P
NAME TILLOU, WILLIAM
STREET ADDRESS 704 SPACE PARK DRIVE
CITY - ST - ZIP NASHVILLE TN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST
1.2 NAME Diercksen, William
1.3 STREET ADDRESS 16505 East Course Dr
1.4 CITY - ST - ZIP Tampa, FL 33624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96

Date

Daytime Phone #

CR2E034 (12/95)