FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 24 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 # **F72530** **(1)**

1. Corporation Name
THE OSCEOLA-STATE SPORTS PUBLISHING, INC.

Principal Place of Business	Mailing Address
~~C/O JOE W. FIXEL~~ ~~211 SOUTH GADSDEN STREET~~ ~~TALLAHASSEE FL 32301~~	~~C/O JOE W. FIXEL~~ ~~211 SOUTH GADSDEN STREET~~ ~~TALLAHASSEE FL 32301-1609~~

3. Date Incorporated or Qualified: 03/18/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 402 Dunwoody St
Suite, Apt. #, etc.
22: ~~402 Dunwoody St~~
City & State
23: Tallahassee, FL
Zip 24: 32304 Country 25: Leon

2a. Mailing Address
26: 3608 Uncle Glover Rd
Suite, Apt. #, etc.
27:
City & State
28: Tallahassee, FL
Zip 29: 32312-1036 Country 30: Leon

4. FEI Number: 59-2171872 ☐ 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

~~FIXEL, JOE W.~~
~~211 SOUTH GADSDEN STREET~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: John F. Oeschger
82 Street Address (P.O. Box Number is Not Acceptable): 3608 Uncle Glover Rd
83:
84 City: Tallahassee FL 85 Zip Code: 32312-1036

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: John F. Oeschger — John F. Oeschger — 4-15-97
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OESCHGER, JOHN F.		1.2 NAME	OESCHGER, JOHN F	
STREET ADDRESS	~~2400 LANCELOT DRIVE~~		1.3 STREET ADDRESS	3608 Uncle Glover Rd	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee FL 32316-1036	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUTZ, VINCENT G.		2.2 NAME		
STREET ADDRESS	3373 FOLEY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KUTZ, KRISTI K.		3.2 NAME		
STREET ADDRESS	3373 FOLEY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: John F. Oeschger — John F. Oeschger — 4-15-97 — 904-222-7733