FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
MAY 31 PM 12:57
SECRETARY OF STATE
FLORIDA

900001504099
-06/02/95--01009--005
*****33.75 *****33.75

DOCUMENT # F93000000205 (5)

1. Corporation Name
BALLY'S HEALTH & TENNIS CORPORATION

Principal Place of Business	Mailing Address
8700 WEST BRYN MAWR AVE. CHICAGO, IL 60631	8700 WEST BRYN MAWR AVE CHICAGO, IL 60631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2029 CENTURY PARK EAST	26 2029 CENTURY PARK EAST
Suite, Apt #, etc 22 #2810, ATTN: TAX DEPT	Suite, Apt #, etc 27 #2810, ATTN: TAX DEPT
City & State 23 LOS ANGELES, CA	City & State 28 LOS ANGELES, CA
Zip 24 90067 Country 25 USA	Zip 29 90067 Country 30 USA

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-3228107 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LUCCI, MICHAEL, SR.
STREET ADDRESS	16000 NORTHLAND DR.
CITY ST ZIP	SOUTHFIELD, MI 48075
TITLE	V
NAME	GAAN CARY A
STREET ADDRESS	8700WEST BRYN MAWR AVE
CITY ST ZIP	CHICAGO, IL 60631
TITLE	V
NAME	ADAMS JULIE
STREET ADDRESS	2029 CENTURY PARK EAST, STE 2810
CITY ST ZIP	LOS ANGELES, CA 90067
TITLE	S
NAME	SNIDER BARBARA J
STREET ADDRESS	8700 WEST BRYN MAWR AVE
CITY ST ZIP	CHICAGO, IL 60631
TITLE	T/D
NAME	HILLMAN LEE S
STREET ADDRESS	8700 WEST BRYN MAWR AVE
CITY ST ZIP	CHICAGO, IL 60631
TITLE	A/T
NAME	SCHEITLIN GEOFFREY
STREET ADDRESS	2029 CENTURY PARK EAST, STE 2810
CITY ST ZIP	LOS ANGELES, CA 90067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

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TIS 5/31/95

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 if changed, or on an attachment with an address.

SIGNATURE: Julie Adams JULIE ADAMS, VICE PRESIDENT 5/22/95 310/552-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #