

5-12-97 B-6485 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 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 # F93000001570 (1)

1. Corporation Name
LMC REGIONAL SPORTS, INC.

Principal Place of Business

5519 DTC PARKWAY
6TH FLOOR
ENGLEWOOD CO 80111
US

Mailing Address

PO BOX 5630
TAX DEPT
DENVER CO 80217-5630
US



3. Date Incorporated or Qualified
03/30/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
84-1034265

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 ☒

2. Principal Place of Business

21 5619 DTC PARKWAY

Suite, Apt. #, etc.

22 TAX DEPT

City & State

23 ENGLEWOOD, CO

Zip

24 80111

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, PETER	
STREET ADDRESS	8101 E PRENTICE AVE	
CITY- ST- ZIP	ENGLEWOOD CO	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JAMES	
STREET ADDRESS	8101 E PRENTICE AVE #500	
CITY- ST- ZIP	ENGLEWOOD CO	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	BENNETT, ROBERT R	
STREET ADDRESS	8101 E PRENTICE AVE #500	
CITY- ST- ZIP	ENGLEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAYLOCK, GARY	
STREET ADDRESS	5619 DTC PARKWAY	
CITY- ST- ZIP	ENGLEWOOD CO	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FRAZIER, EDWARD C.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY- ST- ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FLOWERS, DAVID J. A.	
1.3 STREET ADDRESS	5619 DTC PARKWAY	
1.4 CITY- ST- ZIP	ENGLEWOOD, CO 80111	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRETT, STEPHEN M.	
6.3 STREET ADDRESS	5619 DTC PARKWAY	
6.4 CITY- ST- ZIP	ENGLEWOOD, CO 80111	

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:

GARY BLAYLOCK

4/21/97

303-267-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)