

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

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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**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **5619 DTC PARKWAY**

2a. Mailing Address: **TAX DEPT ENGLEWOOD, CO**

22. City & State: **ENGLEWOOD, CO**

23. City & State: **ENGLEWOOD, CO**

24. Zip: **80111**

25. Country: **US**

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: _____ (NOTE: Registered Agent signature required when reinstating!) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE: D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: VPT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: BARTON, PETER | | 1.2 NAME: FLOWERS, DAVID J. A. | |
| STREET ADDRESS: 8101 E PRENTICE AVE | | 1.3 STREET ADDRESS: 5619 DTC PARKWAY | |
| CITY- ST- ZIP: ENGLEWOOD CO | | 1.4 CITY- ST- ZIP: ENGLEWOOD, CO 80111 | |
| TITLE: DV | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: MARTIN, JAMES | | 2.2 NAME: | |
| STREET ADDRESS: 8101 E PRENTICE AVE #500 | | 2.3 STREET ADDRESS: | |
| CITY- ST- ZIP: ENGLEWOOD CO | | 2.4 CITY- ST- ZIP: | |
| TITLE: VTSD | <input type="checkbox"/> DELETE | 3.1 TITLE: P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BENNETT, ROBERT R | | 3.2 NAME: | |
| STREET ADDRESS: 8101 E PRENTICE AVE #500 | | 3.3 STREET ADDRESS: | |
| CITY- ST- ZIP: ENGLEWOOD CO | | 3.4 CITY- ST- ZIP: | |
| TITLE: V | <input type="checkbox"/> DELETE | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BLAYLOCK, GARY | | 4.2 NAME: | |
| STREET ADDRESS: 5619 DTC PARKWAY | | 4.3 STREET ADDRESS: | |
| CITY- ST- ZIP: ENGLEWOOD CO | | 4.4 CITY- ST- ZIP: | |
| TITLE: DP | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: FRAZIER, EDWARD C. | | 5.2 NAME: | |
| STREET ADDRESS: 5619 DTC PARKWAY | | 5.3 STREET ADDRESS: | |
| CITY- ST- ZIP: ENGLEWOOD CO | | 5.4 CITY- ST- ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE: V/AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: | | 6.2 NAME: BRETT, STEPHEN M. | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: 5619 DTC PARKWAY | |
| CITY- ST- ZIP: | | 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* **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)