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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90226 043 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001570

1. Corporation Name

LMC REGIONAL SPORTS, INC.

Principal Place of Business

**5619 DTC PARKWAY
TAX DEPT
ENGLEWOOD CO 80111
US**

Mailing Address

**PO BOX 5630
TAX DEPT
DENVER CO 80217
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9197 S Peoria Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Attn: Liberty Tax

27 City & State

23 Englewood, CO

28 Zip

24 80112 25 USA

29 30 Country

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	VTD	<input type="checkbox"/> DELETE
NAME	FLOWERS, DAVID J	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	PD	<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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Flowers, David J,	
1.3 STREET ADDRESS	9197 S Peoria Street	
1.4 CITY-ST-ZIP	Englewood, CO 80112	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carr, Vivian	
2.3 STREET ADDRESS	9197 S Peoria Street	
2.4 CITY-ST-ZIP	Englewood, CO 80112	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert R. Bennett	
3.3 STREET ADDRESS	9197 S Peoria Street	
3.4 CITY-ST-ZIP	Englewood, CO 80112	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gary Blaylock	
4.3 STREET ADDRESS	9197 S Peoria Street	
4.4 CITY-ST-ZIP	Englewood, CO 80112	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Gary Blaylock* Gary Blaylock/VP

4/28/99

(720)875-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)