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Apr 22 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 # F94000002136 (9)

1. Corporation Name
PROFESSIONAL SPORTS PUBLICATIONS, INC.

Principal Place of Business
5830 MAIN STREET
BUFFALO NY 14221

Mailing Address
5830 MAIN STREET
BUFFALO NY 14221-5739



3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 01/22/1996
4. FEI Number 06-1309458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent SINGLETARY, PAUL 1531 MAYFIELD AVE. WINTER PARK FL 32789	10. Name and Address of New Registered Agent 81 Name Michael Steele 82 Street Address (P.O. Box Number is Not Acceptable) 5307 E. Mockingbird LN 83 Ste 600 84 City Dallas FL 85 Zip Code
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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 of registered agent or both, in the State of Florida. Such change was authorized by the corporate body or bodies in accordance with the applicable provisions of the corporation's charter, as amended, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Gregg Fortuna* *Reed M...* *3/31/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	355 LEXINGTON AVE.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	NEW YORK NY 10017	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	438 MAIN ST.	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	BUFFALO NY 14202	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	160 BLOOR ST., EAST	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	TORONTO, ONTARIO CANADA	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: *James Wick* *1-10-97* *(716) 565-9146*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)