

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003712 (5)**

1. Corporation Name

PRIME SPORTS MERCHANDISING, INC.



Principal Place of Business: **TWO ALLEGHENY CENTER SUITE 1000 PITTSBURGH PA 15212**
Mailing Address: **TWO ALLEGHENY CENTER SUITE 1000 PITTSBURGH PA 15212**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 84-1283927		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	25		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: _____ DATE: _____
Signature, typed or printed name of registered agent and Florida resident. (Applicable Registered Agent's jurisdiction must be stated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, PETER R	1.2 NAME	
STREET ADDRESS	8101 E. PRENTICE AVE, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, EDWARD C	2.2 NAME	
STREET ADDRESS	6221 N. O'CONNOR, SUITE 119	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES A	3.2 NAME	
STREET ADDRESS	8101 E. PRENTICE AVE, SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT R	4.2 NAME	
STREET ADDRESS	8101 E. PRENTICE AVE, SUITE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	4.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAPER, JOHN M	5.2 NAME	AVP
STREET ADDRESS	8101 E. PRENTICE AVE, SUITE 500	5.3 STREET ADDRESS	Blaylock, Gary
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	5619 DTC Parkway
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, STEPHEN M	6.2 NAME	
STREET ADDRESS	8101 E. PRENTICE AVE, SUITE 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	6.4 CITY-ST-ZIP	

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)(c), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96
 Day

(303) 267-5500
 Daytime Phone #

CR2E034 (12/95)