

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 06 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 # **F95000003712**
1. Corporation Name
PRIME SPORTS MERCHANDISING, INC.

Principal Place of Business: **5619 DTC PARKWAY TAX DEPT ENGLEWOOD, CO 80111 US**
Mailing Address: **P O BOX 5630 TAX DEPT DENVER, CO 80217**

3. Date Incorporated or Qualified: **08/01/1995**
3a. Date of Last Report: **05/01/96**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENNETT, ROBERT R.		1.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		1.3 STREET ADDRESS				
CITY, ST, ZIP	ENGLEWOOD, CO 80111		1.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARR, VIVIAN J.		2.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		2.3 STREET ADDRESS				
CITY, ST, ZIP	ENGLEWOOD, CO 80111		2.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FLOWERS, DAVID J.A.		3.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		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	BLAYLOCK, GARY		4.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		4.3 STREET ADDRESS				
CITY, ST, ZIP	ENGLEWOOD, CO 80111		4.4 CITY-ST-ZIP				
TITLE	V/AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRETT, STEPHEN M.		5.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		5.3 STREET ADDRESS				
CITY, ST, ZIP	ENGLEWOOD, CO 80111		5.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STONER, COLIN R.		6.2 NAME				
STREET ADDRESS	5619 DTC PARKWAY		6.3 STREET ADDRESS				
CITY, ST, ZIP	ENGLEWOOD, CO 80111		6.4 CITY-ST-ZIP				

Handwritten: CW 5-6-97

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***165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Colin R. Stoner COLIN R. STONER Date: 5/1/97 303-267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)