

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001444 (6)

1. Corporation Name

MERIDIAN SPORTS INCORPORATED

Principal Place of Business

100 CHEROKEE COVE DR
VONORE TN 37885-129
US

Mailing Address

5900 NORTH ANDREWS AVENUE STE 700A
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

13-3776096

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

37885-2129

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HOAG, JAMES W
STREET ADDRESS 100 CHEROKEE COVE DR
CITY-ST-ZIP VONORE TN
☒ DELETE

1.1 TITLE PD
1.2 NAME J. Eric Hanson
1.3 STREET ADDRESS 35 East 62ND Street
1.4 CITY-ST-ZIP New York, NY 10021
☐ Change ☒ Addition

TITLE V
NAME ENGELMAN, IRWIN
STREET ADDRESS 35 E 63RD ST
CITY-ST-ZIP NEW YORK NY
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 35 East 62ND Street
2.4 CITY-ST-ZIP New York, NY 10021
☒ Change ☐ Addition

TITLE VS
NAME DICKES, GLENN P
STREET ADDRESS 625 MADISON AVE
CITY-ST-ZIP NEW YORK NY
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP New York, NY 10022
☒ Change ☐ Addition

TITLE V
NAME KOHUT, THOMAS E
STREET ADDRESS 625 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY
☐ DELETE

4.1 TITLE VC
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP New York, NY 10022
☒ Change ☐ Addition

TITLE CD
NAME PERELMAN, RONALD O
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK NY
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP New York, NY 10021
☒ Change ☐ Addition

TITLE D
NAME HANSON, ERIC
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK NY
☒ DELETE

6.1 TITLE AS
6.2 NAME Joram Salig
6.3 STREET ADDRESS 625 Madison Avenue
6.4 CITY-ST-ZIP New York, NY 10021
☐ Change ☒ Addition

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.

SIGNATURE:

Thomas E. Kohut

01/15/98

(423) 884-2221

CR2E034 (10/97)