

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005683 (5)**

1. Corporation Name:  
**EMPIRE SOCCER CLUB, INC.**



Principal Place of Business <b>%METROMEDIA COMPANY                  1 MEADOWLANDS PLAZA                  E RUTHERFORD NJ 07073</b>	Mailing Address <b>%METROMEDIA COMPANY                  1 MEADOWLANDS PLAZA                  E RUTHERFORD NJ 07073-2100</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>10/30/1996</b>	3a. Date of Last Report
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4. FEI Number <b>13-3836182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>KLUGE, JOHN W</b>	
STREET ADDRESS	<b>%METROMEDIA COMPANY, 1 MEADOWLANDS PLAZA</b>	
CITY - ST - ZIP	<b>E RUTHERFORD NJ 07073</b>	
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>SUBOTNICK, STUART</b>	
STREET ADDRESS	<b>%METROMEDIA COMPANY, 1 MEADOWLANDS PLAZA</b>	
CITY - ST - ZIP	<b>E RUTHERFORD NJ 07073</b>	
TITLE	<b>VS</b>	<input type="checkbox"/>
NAME	<b>WADLER, ARNOLD L</b>	
STREET ADDRESS	<b>%METROMEDIA COMPANY, 1 MEADOWLANDS PLAZA</b>	
CITY - ST - ZIP	<b>E RUTHERFORD NJ 07073</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>KESSEL, SILVIA</b>	
STREET ADDRESS	<b>%METROMEDIA COMPANY, 1 MEADOWLANDS PLAZA</b>	
CITY - ST - ZIP	<b>E RUTHERFORD NJ 07073</b>	
TITLE	<b>VT</b>	<input type="checkbox"/>
NAME	<b>MARESCA, ROBERT A</b>	
STREET ADDRESS	<b>%METROMEDIA COMPANY, 1 MEADOWLANDS PLAZA</b>	
CITY - ST - ZIP	<b>E RUTHERFORD NJ 07073</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>STILLITANO, CHARLES</b>	
STREET ADDRESS	<b>1 HARMON PLAZA</b>	
CITY - ST - ZIP	<b>SECAUCUS NJ 07098</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
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:  **1/13/97** **201-531-8080**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)