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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

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PREMIER SPORTS & ENTERTAINMENT, INC.

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Principal Place	e of Business	Mailing Address			E INDRING ILID FATIS 18851 BOSH ABIN BOILE SZINI BOISE IIAOD IZIOL MANE BIN IABS
1401 UNIVERSIT	TY #302	1401 UNIVERSITY #302			
CORAL SPRING		CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed
					03/14/1997
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21	200 0. 225/1000	26			65-0731963 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		/	\$9.75 Additional
22	# 602	27	₹₹	60V	5. Certificate of Status Desired Fee Required
City & State	854-	City & State			6. Election Campaign Financing \$5.00 May Be
23	·	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Country	1	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax.
	g. Name and Address of Curren	t Registered Agent	81	Nama	10. Name and Address of New Registered Agent
\A/EIC	SMAN, ELIOT		81	Name	
	UNIVERSITY #302		82	Street /	Address (P.O. Box Number is Not Acceptable) # 602
	AL SPRINGS FL 33071	•	83		
COR	AL SERINGS LE SSUEL		03	1	
			84	City	FL 85 Zip Code
44 8	10 th	2 and 607 4509 Florida Statutes	the abov	(o-named)	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statute:	š.	
SIGNATURE	Signature, typed or printed name of registered agen	4 and title of continuous (NOTE: D	onistered Age	nt eignature ri	required when reinstating) DATE
12.		D DIRECTORS	13.	THE BASE TO LOT OF THE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCPT	DELETE	1.1 TITLE	$\overline{}$	☐ Change ☐ Addition
NAME	WEISMAN, ELIOT		1.2 NAME		
STREET ADDRESS	1401 UNIVERSITY #302		1.3 STREE	T ADDRESS	# 602
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-5		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Enange ☐ Addition
NAME	WEISMAN, ROY		2.2 NAME		
STREET ADDRESS	1401 UNIVERSITY #302		2.3 STREE	T ADDRESS	# 602
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-	ST-ZIP	
TITLE	V	- DELETE -	3.1 TITLE		
NAME	CHENKIN, LONNIE		3.2 NAME	ļ	
STREET ADDRESS	1401 UNIVERSITY #302		3.3 STREE	T ADDRESS	#602
CITY-ST-ZIP	CORAL SPRINGS FL 33071_		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME (1 }		4. 2 NAME	: [
STREET ADDRESS	1 1		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	} 1		4.4 CITY-1	1	
TITLE		☐ DELET E	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		. Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	ET ADDRESS	

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, with all other like empowered.

6.4 CITY- ST-ZIP

SIGNATURE:

CITY-ST-ZIP