SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002565

AMERICAN SPORTS TICKETS & TOURS, INC.

FILED Aug 02, 1999 8:00 am Secretary of State 08-02-1999 90014 028 ***550.00



District Dist		8.4-215	*			<u> </u>				
Principal Place			ng Address							
7310 BROOKWOOD WAY CUMMING GA 30131			7310 BROOKWOOD WAY CUMMING GA 30131			DO NOT WRITE	E IN THIC C	SPACE		
						Date Incorporated or Qualified	E IN Trilo			
						05/05/1998				
2. Principal P	lace of Business	2a. M	lailing Address			4. FEI Number			Applied	For
¬ ···•		 	26			58-2239884 Not Appli				
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional				
22	-	27				5. Certificate of Status Desired		-	Require	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			d to Fe	
Zip	Country	Zi	p	Cou	untry	8. This corporation owes the curre	nt year	·		•
24	25	29		30		Intangible Personal Property.		Yes	☐ No	
	9. Name and Address of Cu	rrent Register	ed Agent			10. Name and Address of New Re	gistered A	gent		
=					81 Name					
	(LE, SUNNIE				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
2912 NW 67TH CT					Jan Salest Add	Sileet Address (F.O. Box Number is Not Acceptable)				
FIL	AUDERDALE FL 33309				83					
					24 6%] 	- 0-4-	
					84 City		FL	85 Zi	p Code	
	t to the provisions of sections 607.0	0502 and 607.1	1508, Florida Statute	es, the ab	ove-named corpo	oration submits this statement for the pur	pose of cha	nging its	register	ed
Pursuant				authoriza.	فحده حجمه مطفيينا اس	tion's board of directors. I hereby accept	the appoint	ment as	register	ed
office or	registered agent, or both, in the S	tate of Florida. bligations of s	Such change was	orda Stat	tutoe					
office or i agent. I a	registered agent, or both, in the S am familiar with, and accept the ol	tate of Florida. bligations of, s	Such change was ection 607.0505, FI	orida Stat	tutes.					
office or agent. I a	registered agent, or both, in the S	bligations of, s	ection 607.0505, FI	orida Stat	tutes.	quired when reinstating)	DATE			
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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 attrictment with an address.

SIGNATURE:

RE REQUIRED