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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90122 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003079 OK

1. Corporation Name
 National Consortium for Academics and Sports, Inc.

Principal Place of Business: 3281 Sherberth Rd. Kissimmee, Fl 34747
 Mailing Address: P.O. Box 10,000 Lake Buena Vista, Fl 32830

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | December 1, 1992 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 04-3199531 |
| City & State | City & State | Applied For |
| 23 | 28 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |
| 24 | 29 | \$8.75 Additional Fee Required |
| 25 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Richard E. Lapchick 3281 Sherberth Road Kissimmee, Florida 34747 | | 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 617.0502 and 617.1508, 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 617.0903, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Richard E. Lapchick |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3281 Sherberth Rd. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Kissimmee, Fl 34747 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | C <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Thomas Miller |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4200 54th Avenue South |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | St. Petersburg, Fl 33711 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Chief Operating Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | William Curry |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3281 Sherberth Rd. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Kissimmee, Fl. 34747 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Suzi Katz |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 4000 Central Florida Blvd. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Orlando, Fl 32816-3557 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Keith Lee |
| STREET ADDRESS | | 5.3 STREET ADDRESS | University of Nevada - Mailstop066 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Reno, Nevada 89557 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Thomas Kowalski |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 25 East Jackson Blvd. Ste 9400 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Chicago, IL 60604 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *[Signature]* DATE: 4.9.99 DAYTIME PHONE #: (407)938-3333

CR2E037 (1/198)