FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H72244 (7)

1. Corporation Name

NICK BOLLETTIERI TENNIS ACADEMY, INC.

Principal Place of Business	Mailing Address
5500 34TH STREET WEST BRADENTON FL 34210	5500 34TH STREET WEST BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 ONE ERIEVIEW PLAZA
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 1300
23 City & State	28 CLEVELAND OH
24 Zip / 25 Country	29 44114 / 30 USA

4. FEI Number: 59-2580687 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUTZ, DANA 5500 34TH STREET WEST BRADENTON FL 34210	81 Name: JIM MURPHY 82 Street Address (P.O. Box Number is Not Acceptable): 5500 34TH STREET WEST 83 84 City: BRADENTON FL 85 Zip Code: 34210

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: X [signature] 4/14/95
(Signature, type 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLLETTIERI, NICHOLAS J.	1.2 NAME	
STREET ADDRESS	5500 34TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAFAVE, ARTHUR J., JR.	2.2 NAME	
STREET ADDRESS	1 ERIEVIEW PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	VDS	3.1 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, WM. H. (ASST)	3.2 NAME	
STREET ADDRESS	1 ERIEVIEW PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	YODER, RAY	4.2 NAME	
STREET ADDRESS	1 ERIEVIEW PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	KAIN, ROBERT	5.2 NAME	
STREET ADDRESS	1 ERIEVIEW PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	MEEKMA, THEODORE	6.2 NAME	
STREET ADDRESS	1 ERIEVIEW PLAZA	6.3 STREET ADDRESS	5500 34TH STREET WEST
CITY-ST-ZIP	CLEVELAND OH	6.4 CITY-ST-ZIP	BRADENTON, FL 34210

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] VICE-PRESIDENT 4/6/95 (216)522-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
RAY A. YODER

0947640 CP