

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K69702** (4)
1. Corporation Name
SPORTS MAGIC TEAM, INC.



Principal Place of Business 807 SOUTH ORLANDO AVE. SUITE "N" WINTER PARK FL 32789 US	Mailing Address 807 S ORLANDO AVE STE N WINTER PK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1989	3a. Date of Last Report 03/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2934004	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLANCEY, TIM 2929 ALAMO DR ORLANDO FL 32817		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCEY, TIM	1.2 NAME	
STREET ADDRESS	2929 ALAMO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMZACK, SUSAN	2.2 NAME	STEVEN ROTA
STREET ADDRESS	1790 BRYAN AVE	2.3 STREET ADDRESS	1250 S Denning Dr #101
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director of Office Administration <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Wendy Tracy
STREET ADDRESS		3.3 STREET ADDRESS	621 N Cathcart #5
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando FL 32803
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director of Team Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Joseph Mulvihill
STREET ADDRESS		4.3 STREET ADDRESS	4025 Orkney Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director of Production <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Carol Welker
STREET ADDRESS		5.3 STREET ADDRESS	1327 Skelton St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando FL 32804
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607.0502, 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; 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, as changed, or on an attachment with an address.

CR2E034 (4/97)