

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L19014

(4)

1. Corporation Name

FLORIDA SPORTS MAGAZINE, INC.

Principal Place of Business

**2067 A SW 69 CT
MIAMI FL 33155
US**

Mailing Address

**PO BOX 550090
MIAMI FL 33255
US**

FILED
95 AUG -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 2875 S.W. 69th Ct.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28

Zip

24 33155

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

09/26/1989

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0149661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 198.052,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WOODMAN, JAMES MONROE IV
2887 A SW 69 CT
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

2875 S.W. 69th Ct.

83

84 City

MIAMI

85

Zip Code

33155

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

Signature typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTV**
NAME **WOODMAN, JAMES M IV**
STREET ADDRESS **2887 A SW 69 CT**
CITY ST ZIP **MIAMI FL 33155**

TITLE **S**
NAME **MALONE, JONATHAN**
STREET ADDRESS **6007 A SW 69 CT**
CITY ST ZIP **MIAMI FL 33155**

TITLE
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CITY ST ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 110.07(h)(4), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

JAMES M. WOODMAN

7/27/95

(305) 265-0060