


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 14 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company SPECTRUM SPORTS ENTERPRISES, I.C. --2909 WEST S.R.-434-- --SUITE-101-- --LONGWOOD-FL-32779		DOCUMENT #L96000000388 1a. Principal Place of Business Address 2909 WEST S.R.-434 SUITE-101-- LONGWOOD-FL-32779-- <i>mwb</i>			
2. Principal Place of Business 995 SR. 434 North Suite, Apt. #, etc. Suite 2731 City & State Altamonte Springs, FL Zip 32714		2a. Mailing Address Same Suite, Apt. #, etc. City & State Altamonte Springs, FL Zip 32714		3. Date Organized or Qualified 03/22/1996 3a. State of Formation FL 4. FEI Number 59-3368216 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$675 Additional Fee Required	
7. Name and Address of Current Registered Agent ZABRISKIE, STEVE --2909 WEST S.R.-434-- --SUITE-101-- --LONGWOOD-FL-32779--		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 995 SR. 434 North Suite, Apt. #, etc. Suite 2731 City Altamonte Springs FL Zip Code 32714			
9. Pursuant to the provisions of Sections 608.445 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations. SIGNATURE <i>Steve Zabriskie</i> DATE 03-24-97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ZABRISKIE, STEVE	--2909 WEST S.R.-434-- SUITE -- 995 SR. 434 North, Suite		LONGWOOD-FL- 2731 Altamonte Springs, FL 8000002145398--2 -04/16/97--01111--013 ***203.75 ***203.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE <i>Steve Zabriskie</i> Steve Zabriskie 03-24-97 407-788-1683 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					