

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED LR 5/6
99 MAY -3 PM 2:23
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000730**

BUONICONTI SPORTS MANAGEMENT GROUP, LLC
20 NORTH ORANGE AVENUE, SUITE 1600
ORLANDO FL 32802

1a. Principal Place of Business Address
20 NORTH ORANGE AVENUE, SUIT
ORLANDO FL 32802

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
11/03/1997	NC
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
NOT APPLICABLE	
5. Date of Last Report	6. Certificate of Status Desired
05/14/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

BUONICONTI, NICHOLAS A
20 NORTH ORANGE AVENUE, SUITE 1600
ORLANDO FL 32802

8. Name and Address of New Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. **400002871384--6**
City _____
Zip Code **-05/11/99--01060--001**
*****188.75 ***188.75**
FL

9. Pursuant to the provisions of Sections 608.416 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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BUONICONTI, NICHOLAS A	20 NORTH ORANGE AVENUE, SU	ORLANDO FL
MBR	MORGAN, JOHN B	20 NORTH ORANGE AVENUE, SU	ORLANDO FL

11. I do 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 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: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OR MANAGER