

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N04000003590

Entity Name: MIAMI-DADE SPORTS COMMISSION, INC.

Current Principal Place of Business:

15280 NW 79TH COURT
SUITE 109
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

15280 NW 79TH COURT
SUITE 109
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 75-3150179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUTIER, LARRY
15280 NW 79TH COURT
109
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

SOPHIA, MIKE W
15280 NW 79TH COURT
109
MIAMI LAKES, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE W. SOPHIA 02/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GAUTIER, LARRY
Address: 15280 NW 79TH COURT, SUITE 109
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VC () Delete
Name: SOLOMON, JEFF
Address: 13865 SOUTH DIXIE HIGHWAY, SUITE 307
City-St-Zip: MIAMI, FL 33176 US

Title: MRS. () Delete
Name: BROWN, LINDA D MRS
Address: 1450 NE 2ND AVENUE, ROOM 202
City-St-Zip: MIAMI, FL 33132 US

Title: T () Delete
Name: SALVER, ISAAC
Address: 1019 96TH STREET, SUITE 202
City-St-Zip: MIAMI BEACH, FL 33154 US

Title: C () Delete
Name: DIAZ, JOSE
Address: 8345 NW 12TH STREET
City-St-Zip: MIAMI, FL 33126 US

Title: MRS. (X) Delete
Name: BROWN, LINDA D
Address: 1450 NE 2ND AVENUE, ROOM 202
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOPHIA, MIKE W
Address: 15280 NW 79TH COURT, SUITE 109
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FERTEL, ALAN
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2400
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE W. SOPHIA D 02/25/2009

Electronic Signature of Signing Officer or Director Date