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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46878 (7)

1. Corporation Name

MIAMI MIDNIGHT BASKETBALL LEAGUE, INC.



Principal Place of Business

Mailing Address

401 N.W. 71ST ST.  
MIAMI FL 33142  
US

401 N.W. 71ST ST.  
MIAMI FL 33150-3742  
US

3. Date Incorporated or Qualified  
01/17/1992

3a. Date of Last Report  
08/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0360867

Applied For

Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACAULAY, ROBERT B ESQ.  
201 SOUTH BISCAYNE BLVD.  
STE. 1402  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME KNOX, GEORGE T.  
STREET ADDRESS 25 WEST FLAGLER ST.PH  
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D DELETE  
NAME PERRY, WILLIAM  
STREET ADDRESS 300 BISCAYNE BLVD. WAY  
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D DELETE  
NAME TURKEL, LEONARD  
STREET ADDRESS 2871 OAK AVENUE  
CITY-ST-ZIP COCONUT GROVE FL

3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD DELETE  
NAME MURRAY, JASON M  
STREET ADDRESS 200 S BISCAYNE BLVD 5200  
CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D DELETE  
NAME HARALSON, PAUL  
STREET ADDRESS 5200 BLUE LAGOON  
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD DELETE  
NAME DOLAN, GERRI M LLP  
STREET ADDRESS 100 SE 2ND AVE., STE. 2500  
CITY-ST-ZIP MIAMI FL

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)