

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000695 (5)**  
 1. Corporation Name  
**COLLEGE SPORTS PUBLISHERS ASSOCIATION, INC.**



Principal Place of Business <b>105 NW 33RD COURT GAINESVILLE FL 32607</b>	Mailing Address <b>105 NW 33RD COURT GAINESVILLE FL 32607-2560</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>02/13/1995</b>		3a. Date of Last Report <b>04/24/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3296646</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent <b>STIRT, DAVID 105 NW 33RD COURT GAINESVILLE FL 32607</b>				10. Name and Address of New Registered Agent			
<b>81</b> Name							
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)							
<b>83</b>							
<b>84</b> City				<b>FL</b>		<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STIRT, DAVID</b>		1.2 NAME	
STREET ADDRESS <b>105 NW 33RD COURT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>FERMAN, GARY</del>		2.2 NAME	<b>D Bill HANAY</b>
STREET ADDRESS <b>1800 SO. DOUGLAS ROAD STE-204</b>		2.3 STREET ADDRESS	<b>8100 E. 22ND ST. N.</b>
CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b>		2.4 CITY-ST-ZIP	<b>Wichita, KS 67226</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>FIRTH, JOHN</del>		3.2 NAME	<b>D Michael McCann</b>
STREET ADDRESS <b>210 SO. MICHIGAN STREET</b>		3.3 STREET ADDRESS	<b>1400 CROSS ST.</b>
CITY-ST-ZIP <b>SOUTH BEND IN 46824</b>		3.4 CITY-ST-ZIP	<b>Eugene, OR 97405</b>
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>COMAN, STUART</del>		4.2 NAME	<b>Roscoe Migliore</b>
STREET ADDRESS <b>C/O 105 NW 33RD COURT</b>		4.3 STREET ADDRESS	<b>140 5TH ST.</b>
CITY-ST-ZIP <b>GAINESVILLE FL 32607</b>		4.4 CITY-ST-ZIP	<b>JENKS, OK 74037</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ 7/16/97 352-322-7215

CR2E037 (9/96)