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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003974

1. Corporation Name
INNER-CITY GAMES OF ORLANDO, INC.

Principal Place of Business 1414 N. ORANGE AVE. ORLANDO FL 32804	Mailing Address 1414 N. ORANGE AVE. ORLANDO FL 32804
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3313614
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROUSH-BURNETT, JEAN A
400 S. ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	EARL, ROBERT	
STREET ADDRESS	7380 SAND LAKE RD., STE 650	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	ODS	<input checked="" type="checkbox"/> DELETE
NAME	SNEAD, PAUL	
STREET ADDRESS	400 W ROBINSON-SUITE 430	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HOOD, GLENDA E	
STREET ADDRESS	400 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ODT	<input type="checkbox"/> DELETE
NAME	PATEL, VIPUL	
STREET ADDRESS	200 S ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	ODS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donna Dowless
2.3 STREET ADDRESS	225 E. Robinson St. # 355
2.4 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 1/13/99 246-2221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E017 (11/98)