## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # N9700001866 (9)

NATIONAL SPORTS NETWORK, INC.

Principal Place of Business Mailing Address \$190 TYRONE BLVD NORTH \$T PETERSBURG FL 33710 3190 TYRONE BLVD NORTH ST PETERSBURG FL 33710 3. Date incorporated or Qualified 04/01/1997 4. FEI Number 59-3452184 Applied For Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 23 Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name THOMAS, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 3190 TYRONE BLVD NORTH 83 ST PETERSBURG FL 33710 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NEWMAN, JAMES G NAME 1.2 NAME 100 2ND AVE SOUTH STE 606 STREET ADDRESS 1.3 STREET ADDRESS ST PETERSUBRG FL 33701 CITY-\$7-ZIP 1.4 CITY-ST-ZIP DELETE Change X Addition TITLE 2.1 TITLE FIREBAUGH, RICHARD L MALLE 2.2 NAME Holland, Judy 201 14 AVE NORTH STREET ADDRESS 2.3 STREET ADDRESS 4020 lith Street North 33703 ST PETERSUBRG FL 33701 CITY-ST-ZIP 2.4 CITY-ST-ZIP X DELETE Change X Addition 3.1 TITLE BAILEY, DIANE Gaddy, Rodney E. NAME 3.2 NAME 11913 Keating Drive 430 COFFEE POT RIVIERA NE STREET ADDRESS 3.3 STREET ADDRESS ST PETERSUBRG FL 33704 Tampa, FL 33626 3.4. CITY - ST - ZIP CITY-ST-7IP DELETE Change TITLE 4.1 TITLE \_\_ Addition KLEMAWESCH, JANE NAME 4.2 NAME 6820 TEQUESTA DR ERA NE STREET ADDRESS 4.3 STREET ADDRESS SEMINOLE FL 34647 4.4 CITY-ST-ZIP CITY-ST-ZIP **X** DELETE Change X Addition TITLE 5.1 TITLE Hall, Walter C., Jr. CRISP, ROBERT P JR NAME 5.2 NAME 516 17th Avenue NE 700 BRIGHTWATERS BLVD STREET ADDRESS 5.3 STREET ADDRESS ST PETERSBURG FL 33705 St. Petersburg, FL 33704 5.4 CITY-ST-ZIP CITY-ST-ZIP TITO F DELETE 6.1 TITLE Change Addition **DUNLAP, PATSY C** NAME 6.2 NAME Heeren, Brian C. 6866 28 ST SOUTH STREET ADDRESS 6.3 STREET ADDRESS 8632 Longwood Drive

CITY-ST-ZIP SI PETERSBURG FL 33712

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 cett; that I am an officer or director of the corporation of the receiver or trusted 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 or trusted enders.

PARTIMENT ()

SIGNATURE:

3/25/98

(813)345-9111

**FILED** 

Apr 01 1998 8:00am

Secretary of State

E037 (10/97)