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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 # N97000001866

1. Corporation Name

NATIONAL SPORTS NETWORK, INC.

Principal Place of Business

3190 TYRONE BLVD NORTH
ST PETERSBURG FL 33710
US

Mailing Address

3190 TYRONE BLVD NORTH
ST PETERSBURG FL 33710
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-3452184

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, CURTIS D
3190 TYRONE BLVD NORTH
ST PETERSBURG FL 33710

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NEWMAN, JAMES G
STREET ADDRESS 100 2ND AVE SOUTH STE 606
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME HOLLAND, JUDY
STREET ADDRESS 4020 11TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE D ☐ DELETE

NAME GADDY, RODNEY E.
STREET ADDRESS 11913 KEATING DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE D ☒ DELETE

NAME KLEMAWESCH, JANE
STREET ADDRESS 6820 TEQUESTA DR ERA NE
CITY-ST-ZIP SEMINOLE FL 34647

TITLE D ☒ DELETE

NAME HALL, WALTER C. J
STREET ADDRESS 516 17TH AVENUE NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE D ☐ DELETE

NAME HEEREN, BRIAN C.
STREET ADDRESS 8632 LONGWOOD DRIVE
CITY-ST-ZIP LARGO FL 33777

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME David Pilkington
1.3 STREET ADDRESS 11701 Belcher Rd. Ste. 104
1.4 CITY-ST-ZIP Largo, FL 33643

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Paul O'Connell
2.3 STREET ADDRESS 9731 Sago Point Drive
2.4 CITY-ST-ZIP Largo, FL 33777

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)