**FILED** 

## .2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P00000028499  1. Entity Name  FMERALD COAST MOTOR SPEEDWAY, INC. |                                                                                               |                                                           |                                                                  | Apr 27, 2001 8:00 an<br>Secretary of State<br>03-20-2001 90034 025 ***150.00                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| r ·                                                                         | ce of Business<br>NONAL TOWER, 229 PEACHTREE ST                                               | Mailing Address<br>1502 INTERNATIONAL TO<br>N.E.          | WER, 229 PEACHTREE                                               | == ST                                                                                                                                                                                                                                                      |  |
| atlanta ga 3                                                                | 00303                                                                                         | ATLANTA GA 30303                                          |                                                                  |                                                                                                                                                                                                                                                            |  |
| 2. Principal Place of Business                                              |                                                                                               | 3. Mailing Address                                        |                                                                  |                                                                                                                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                         |                                                                                               | Suite, Apt. #, etc.                                       |                                                                  | DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                 |  |
| City & State                                                                |                                                                                               | City & State                                              |                                                                  | 4. FEI Number 2015391 Applied For Not Applicable                                                                                                                                                                                                           |  |
| Zip                                                                         | Country                                                                                       | Zip                                                       | Country                                                          | 5. Certificate of Status Desired S8.75 Additional Fee Required                                                                                                                                                                                             |  |
|                                                                             | 6. Name and Address of Current                                                                | Registered Agent                                          |                                                                  | 7. Name and Address of New Registered Agent                                                                                                                                                                                                                |  |
| ттт                                                                         | CORPORATION SYSTEM                                                                            |                                                           | Name                                                             | GLEN DEROSE                                                                                                                                                                                                                                                |  |
| 1200                                                                        | O S. PINE ISLAND RD.<br>NTATION FL 33324                                                      |                                                           | Street A                                                         | Address (P. Bay Nymber is Not Acceptable)                                                                                                                                                                                                                  |  |
|                                                                             |                                                                                               |                                                           | City <b>C</b>                                                    | DESAN FL 38-550                                                                                                                                                                                                                                            |  |
| SIGNATURE                                                                   | 910 0 De                                                                                      | for a                                                     | BLEND &                                                          | or registered agent, or both, in the State of Florida.  R. DeRosz 3/1/0/  Butter required when reinstating)  DATE                                                                                                                                          |  |
| Tax filing                                                                  | oration is eligible to satisfy its Intangible requirement and elects to do so.  Iria on back) | After MAY 1, 2                                            | VIII FEE IS \$150.0<br>2001 Fee will be \$5<br>able to Departmen | 3550.00 Trust Fund Contribution.                                                                                                                                                                                                                           |  |
| 11.                                                                         | OFFICERS AND                                                                                  |                                                           | 12.                                                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                             | WILLIAMS, DENNIS E<br>1502 INTERNATIONAL TOWER, 2<br>ATLANTA GA 30303                         | Delete 29 PEACHTREE ST                                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | Change Addition Change Addition                                                                                                                                                                                                                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |                                                                                               | . Delete                                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | ☐ Change ☐ Addition 문                                                                                                                                                                                                                                      |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       |                                                                                               | ☐ Delete                                                  | TITLE, NAME STREET ADDRESS -CITY-ST-ZIP                          | ☐ Change ☐ Addition                                                                                                                                                                                                                                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |                                                                                               | ☐ De!ete                                                  | TITLE NAME STREET ADDRESS CITY-SI-ZIP                            | ☐ Change ☐ Addition                                                                                                                                                                                                                                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |                                                                                               | ☐ Delete                                                  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            | ☐ Change ☐ Addition                                                                                                                                                                                                                                        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |                                                                                               | ☐ Delete                                                  | TITLE NAME STREET ADDRESS CITY-SI-ZIP                            | ☐ Change ☐ Addition                                                                                                                                                                                                                                        |  |
| indicated<br>of the corp                                                    | on this report or supplemental report is                                                      | true and accurate and that<br>we ed to execute this repor | my signature shall ha<br>t as requiled by Char                   | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if |  |

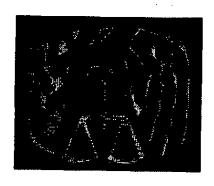
Attachment

TELETIN



6864 go1

Internal Revenue Service



Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chambiee, GA 30362 Phone 678-530-7234/7235 FAX 678-530-6156

Date: April 20, 2001

Employee Identification: 0716927570

| TO:             | DENNIS E WILLIAMS III                       | FAX:          | 404-892-3830 |
|-----------------|---------------------------------------------|---------------|--------------|
| FROM:           | Accounts Management Division I Teletin Unit | Pages:        | 1            |
|                 |                                             |               |              |
| Company<br>Name | EMERALD COAST MOTOR SPEEDWAY INC            | Employer ID # | 58-2615391   |
| Company<br>Name |                                             | Employer ID # |              |
| Company<br>Name |                                             | Employer ID#  |              |
| Company<br>Name |                                             | Employer ID # |              |
| Company<br>Name | ,                                           | Employer ID # |              |
| Company<br>Name |                                             | Employer ID # |              |
| Company<br>Name |                                             | Employer ID # |              |

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