

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PB 1000003621

1. Entity Name
American Sports Management & Promotions, Inc.

**FILED
May 15, 2002 8:00 am
Secretary of State**

05-15-2002 90069 043 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>964 SW 55th Terrace</u>	3. Mailing Address <u>P.O. Box 141062</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Gainesville, FL</u>	City & State <u>Gainesville, FL</u>	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>32607</u>	Zip <u>32619-1062</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name <u>George J. Baldacchino</u> Street Address (P.O. Box Number is Not Acceptable) <u>964 SW 55th Terrace</u>
City <u>Gainesville</u>	FL	Zip Code <u>32607</u>

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

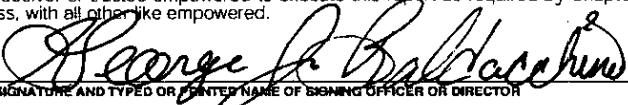
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$350.00 Amended UER is \$51.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO, Founder <u>George J. Baldacchino</u> <u>964 SW 55th Terrace Gainesville, FL</u> <u>32607</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

04-28-02

SIGNATURE:


George J. Baldacchino
Date
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR