

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P14752**

1. Entity Name

**FTM SPORTS CORPORATION**

Principal Place of Business

201 S BISCAYNE BLVD.  
MIAMI CENTER - SUITE 2000  
MIAMI FL 33131

Mailing Address

201 S BISCAYNE BLVD.  
MIAMI CENTER - SUITE 2000  
MIAMI FL 33131-4332

2. Principal Place of Business

**555 W 5th St.**

3. Mailing Address

**3AME**

Suite, Apt. #, etc.

**M.L.# 2785**

Suite, Apt. #, etc.

City &amp; State

**LOS ANGELES, CA**

City &amp; State

Zip

**90013**

Country

**USA**

Zip

Country

6. Name and Address of Current Registered Agent

**SINGER, STUART**201 SOUTH BISCAYNE BLVD., SUITE 2000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

**CANDACE DUFF**

Street Address

**1221 BRICKELL AVE**

City

**MIAMI**

FL

Zip Code

**33131**

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

**CANDACE DUFF, ESQ ASSOCIATE ATTORNEY****5/1/2000**

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

(NOTE: Registered Agent signature required when reappointing)

Date

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

|                                                |                                                                      |                                 |
|------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BOCEK, MARIE D.<br>555 W 5TH STREET<br>LOS ANGELES CA         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LIDDELL, DONALD C.<br>633 W. 5TH ST. STE 5400<br>LOS ANGELES CA | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOSWORTH, WARREN<br>8401 CONGRESS AVE STE140<br>BOCA RATON FL   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marie D. Bocek****5/1/2000****213-244-3027****FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90145 010 \*\*\*150.00

00054822



DO NOT WRITE IN THIS SPACE

4. FEI Number

**95-3939875**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

CR2E034 (9/98)