FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18468** **(9)**

1. Corporation Name
VERONA SPORTS, INC.

Principal Place of Business	Mailing Address
469 7TH AVE NEW YORK NY 10018 US	469 SEVENTH AVENUE NEW YORK NY 10018-0102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-2709889 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P – Finance + Administration	1.1 TITLE	President - Chief Operating Officer	☐ Change ☒ Addition
NAME	MARTIN, RICHARD	1.2 NAME	FORTE, GABRIELLA	
STREET ADDRESS	205 W 39TH ST	1.3 STREET ADDRESS	205 West 39th Street	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10018	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	DIPAOLA, ROBERT B.	2.2 NAME		
STREET ADDRESS	375 PARK AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	MILES-GRAETER, DEIRDRE	3.2 NAME		
STREET ADDRESS	205 WEST 39TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	AS	☒ Change ☐ Addition
NAME	CHRISTON, ANTHONY	4.2 NAME	CHRISTON, ANTHONY	
STREET ADDRESS	469 SEVENTH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	no longer an officer	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, CALVIN	5.2 NAME		
STREET ADDRESS	205 W. 39TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, BARRY K.	6.2 NAME		
STREET ADDRESS	205 W 39TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 12 April 95 Asst. Sec. / VP Corporate Affairs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity (Please)

0305000 FP