
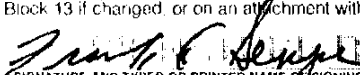


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P22378 (4)</b>					
1. Corporation Name <b>TITAN SPORTS INC.</b>					
Principal Place of Business <b>1241 EAST MAIN STREET STAMFORD CT 06902</b>			Mailing Address <b>1241 EAST MAIN STREET STAMFORD CT 06902-3521</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1988</b>	
State, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report <b>06/25/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>04-2693383</b>	
23 Zip		28 Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEO	<input type="checkbox"/> DELETE			
NAME	MCMAHON, VICENT K				
STREET ADDRESS	1241 EAST MAIN STREET				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	DPS	<input type="checkbox"/> DELETE			
NAME	MCMAHON, LINDA E.				
STREET ADDRESS	1241 EAST MAIN STREET				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	CFOT	<input type="checkbox"/> DELETE			
NAME	SAGES, DOUGLAS G.				
STREET ADDRESS	1241 EAST MAIN STREET				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	VC	<input type="checkbox"/> DELETE			
NAME	SERPE, FRANK G				
STREET ADDRESS	1241 EAST MAIN STREET				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  <b>REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

3/27/97 (203)352-8640  
Date Daytime Phone #