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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P32291 (7)
1. Corporation Name
RAYCOM SPORTS & ENTERTAINMENT, INC.



Principal Place of Business Mailing Address
P.O. BOX 33367 P.O. BOX 33367
CHARLOTTE NC 28233 CHARLOTTE NC 28233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1244569	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C
NAME	HAYES, JOHN	1.2 NAME	Hayes, John
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE. 930, 360 PEACHTREE	1.3 STREET ADDRESS	RSA Tower, Ste 710, 201 Monroe St.
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	V	2.1 TITLE	
NAME	HAINES, KEN	2.2 NAME	
STREET ADDRESS	412 EAST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28203	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	T
NAME	MCTEAR, PAUL	3.2 NAME	McTear, Paul
STREET ADDRESS	ONE BUCKHEAD PLAZA, STE 930, 3060 PEACHTREE	3.3 STREET ADDRESS	RSA Tower, Ste 710, 201 Monroe St.
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	D	4.1 TITLE	S
NAME	HAWKINS, KEN	4.2 NAME	Trapp, Melissa
STREET ADDRESS	380 HILLABEE DRIVE	4.3 STREET ADDRESS	RSA Tower, Ste 710, 201 Monroe St.
CITY-ST-ZIP	MONTGOMERY AL	4.4 CITY-ST-ZIP	Montgomery, AL 36104
TITLE	D	5.1 TITLE	
NAME	SEFERT, JIM	5.2 NAME	
STREET ADDRESS	313 GRIFFIN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EASLEY SC	5.4 CITY-ST-ZIP	
TITLE	PM	6.1 TITLE	
NAME	RAYMOND R. WARREN	6.2 NAME	
STREET ADDRESS	500 FIFTH AVE., SUITE 2330	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. 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 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 its 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 in an attachment with an address.

CR2E034 (10/97)