

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # P35366 (4)
1. Corporation Name
DESOTO SPEEDWAY, INC.

Principal Place of Business	Mailing Address
25000 STATE ROAD EAST OVAL TRACK BRADENTON FL 34202 US	25000 SYTATE ROAD EAST OVAL TRACK BRADENTON FL 34202 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt #, etc.		Suite, Apt #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified		09/03/1991	
4. FEI Number		65-0271324	
		Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent		81	Name
MUSICK, DWAYNE L 3350 ALYSHEBA DRIVE CANTONMENT FL 32533		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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

12.		OFFICERS AND DIRECTORS	13.
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	MUSICK, DEWAYNE L.		1.2 NAME
STREET ADDRESS	1701 W. 9 1/2 MILE RD.		1.3 STREET ADDRESS
CITY - ST - ZIP	CANTONMENT FL		1.4 CITY - ST - ZIP
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	MUSICK, L L		2.2 NAME
STREET ADDRESS	953 E. KINGSFIELD ROAD		2.3 STREET ADDRESS
CITY - ST - ZIP	CANTONMENT FL		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

[illegible]

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 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:

CR2E034 (10/97)