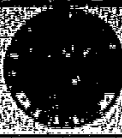


CORPORATION ANNUAL REPORT 1995



Florida Department of Banking and Finance
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 11 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P37581 (6)
 1. Corporation Name
SPORTS/ENTERTAINMENT MEDIA CORP.

Principal Place of Business: **2501 W. HILLSBORO BLVD. SUITE 103 DEERFIELD BEACH FL**
 Mailing Address: **2501 W. HILLSBORO BLVD. SUITE 103 DEERFIELD BEACH FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/17/1992** 3a. Date of Last Report: **05/01/1994**
 4. FEI Number: **22-2460623** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **2501 W. HILLSBORO BLVD. SUITE 103 DEERFIELD BEACH FL**
 2a. Mailing Address: 26 **2501 W. HILLSBORO BLVD. SUITE 103 DEERFIELD BEACH FL**
 22. Suite, Apt. #, etc.: 27
 23. City & State: 28
 24. Zip: 25 **33446** Country: 29
 30. Country: 30

9. Name and Address of Current Registered Agent
GASOI, MILTON A.
7849 LEXINGTON CLUB BLVD.
SUITE B
DELRAY BEACH FL 33446

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

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	SIETZ, MARILYN
STREET ADDRESS	23388 MIRABELLA CIR. SO.
CITY - ST - ZIP	BOCA RATON FL
TITLE	ST
NAME	SIETZ, MARILYN
STREET ADDRESS	23388 MIRABELLA CIR. SO.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Sietz MARILYN SIETZ 7/7/95 305-481-2774
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Telephone #