

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 018 \*\*\*150.00

2002

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P37581**  
1. Entity Name  
**SPORTS/ENTERTAINMENT MEDIA CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**23388 MIRABELLA CIRCLE SOUTH**  
Suite, Apt. #, etc.

3. Mailing Address  
**SOUTH**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**  
Zip **33433** Country **USA**

City & State  
**SOUTH**  
Zip Country

4. FEI Number  
**22-2460623**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and full if applicable. (NOTE: Registered agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**OFFICERS AND DIRECTORS**

TITLE	<b>D/O</b>
NAME	<b>MARILYN SIETZ</b>
STREET ADDRESS	<b>23388 MIRABELLA CIRCLE SOUTH</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	<b>P</b>
NAME	<b>ADAM SIETZ</b>
STREET ADDRESS	<b>9345-A TRENT COURT</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E034B (1/2001)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other (I/ta) empowered.

SIGNATURE: *[Signature]* **4/19/02 354.2831 (561)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 13 original Phone #