

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90022 050 ***150.00

DOCUMENT # P93000005460

1. Entity Name
NORTH AMERICAN SPORTS MANAGEMENT, INC.



Principal Place of Business
**875 CONOURSE PKWY S
SUITE 150
MAITLAND, FL 32751**

Mailing Address
**P.O. BOX 4961
ORLANDO, FL 32802 US**

2. Principal Place of Business

3. Mailing Address

875 Concourse Pkwy S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

City & State

City & State

MAITLAND, FL

Zip

Country

Zip

Country

32751

US



01052005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3183921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B & C CORPORATE AGENTS OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Thomas R. Burns, Esq

Street Address (P.O. Box Number is Not Acceptable)

875 Concourse Pkwy S,

Suite 150

City

MAITLAND

FL

**Zip Code
32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas R. Burns, Esq

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DSTP** ☐ Delete
NAME **GINSBURG, ALAN H.**
STREET ADDRESS **1551 SANDSPUR RD**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALAN H. GINSBURG, PRES.

Date

Daytime Phone #

407/741-8500