FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012559 (9)

THE SPORTS DOMINATOR, INC.

Principal Place of Business Mailing Address

FILED Jun 13 1997 8:00am Secretary of State



6454 INTERNATIONAL DR ORLANDO FL 32818			6454 INTERNATIONAL DR Orlando FL 32819-8216					
					3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Repo	ort	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For	
21		26			59-3211105	Not Applicable		
Sulte, Apt. +	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No		
	9. Name and Address of C	urrent Hegislered Agent		1 Name	10. Name and Adoress of New Ad	gistered Agent		
	se maali		ľ	H wame				
6454 ORL		82 Street Add		Address (P.O. Box Number is Not Accepta	ble)			
01142			8	13				
				4 City		FL 85 Zip Co	-	
11, Pursuant I office or re agent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida Stat State of Florida. Such change was obligations of, Section 607.0505,	utes, the abo s authorized Florida Statu	ove-named by the corr les.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its rept the appointment as re-	egistered gistered	
SIGNATURE	Signature, typed or printed name of registe	rod agent and title if applicable (N	OTE. Registered	Agent signature	required when reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	DS	☐ DELE1E	1.1 THE	E		Change	Addition	
NAME	KHANANI, M S		1.2 NAM	IF				
STREET ADDRESS	5200 CONCH-OT		1.3 STR	EET ADDRESS	6276 WATER MERON	J		
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CIIV	'- ST - ZIP	ORIGHDO FLA	zyeis		
TITLE	DP	DELETE	2 1 1111	E.	GOTG INDIAN MEADON OPENADO, FLO	_ Change	Addition	
NAME	MAALI, JESSE		2.2 NAN	1E			1	
STREET ADDRESS	9117 MIDPINES OT		2.3 STR	EE1 ADORESS	9007 SLAWN PARKE P	n.6		
CITY-ST-ZIP	ORLANDO FL-32800		2. 4 CIT	Y - S1 - ZIP	9007 SHAWN PARK P. DELANTO, FLA	32018		
TITLE		DELETE	3.1 TITL			☐ Change	Addition	
NAME			3,2 NAA	1E				
STREET ADDRESS			3.3 516	EET ADDRESS				
CITY-ST-ZIP	, ne 👈			Y-ST-ZIP				
TITLE	a) /=	DELETE	4.1 TITL			Change	Addition	
NAME		— — III	4. 2 NA	ME				
STREET ADDRESS		- 1007 11/4	4	 EET ADDRESS				
	NUL ZZ IUN .	- 9 1997		-SI-ZIP				
CITY-ST-ZIP TITLE	(0)	DELETE	4.4 UII 5 1 IIII			Change	Addition	
i	OA I	MINATOR	5.2 NAM	_				
NAME CTOSET ADDRESS	SPORISI	OMINATOR						
STREET ADDRESS				EFT ADDRESS				
CITY-ST-ZIP		DELETE		r-ST-ZIP		Change	Addition	
TITLE		☐ NECELE	6.1 1111		Į.			
NAME			6.2 NAM				į	
STREET ADDRESS				ee1 address				
CITY-ST-ZIP			6.4 CIT	r - ST - ZIP				

I do hereby certify that the information supplied with this filling 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 eath; 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.

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