

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # P93000015021 (7)

1. Corporation Name
SPORTS COM, INC.

Principal Place of Business
9 SEAGULL TERRACE
ORMOND BEACH FL 32176
US

Mailing Address
9 SEAGULL TERRACE
ORMOND BEACH FL 32176-2186
US



2. Principal Place of Business

1. State, Apt. #, etc.

2. City & State

3. Zip Country

1. 25

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30

9. Name and Address of Current Registered Agent

BAIRD, PAMELA J.
9 SEAGULL TERR
ORMOND BCH FL 32176

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
03/19/1996

4. FEI Number
59-3168348

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

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. I, undersigned, the president of the corporation, certify that 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 understand and will accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the president of the corporation (required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I declare under oath 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 is true and correct 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 315 452 0576

CR2E034 (9/96)