SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000066100 (7) DOCUMENT # SPORTS EVENTS, INC. Mailing Address Principal Place of Business 19635-49 STATE RD. 7 19635-49 STATE RD 7 SUITE A SUITE A 3a. Date of Last Report **BOCA RATON FL 33498** Date Incorporated or Qualified **BOCA RATON FL 33498** 05/01/1995 09/17/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0440960 26 \$8,75 Additional 21 Certificate of Status Desired Suite, Apt. #, etc Suite, Apt #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for inlangible tax under s. 199.032, 23 Country Country Yes No Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name ANDY JAKES HEYGATE Street Address (P.O. Box Number is Not Acceptable) 82 19635-49 STATE RD. 7 SUITE A 83 **BOCA RATON FL 33498** Zip Code 85 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typied or pomed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELE 16 11 THLE TITLE 1.2 NAM6 HEYGATE, ANDY J NAME 1.3 STREET ADDRESS 19635-49 STATE RD. 7 STREET ADDRESS BOCA RATON FL 33498 1.4 CHY-S1-ZIP Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-21P DELETE 31 TITLE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIF Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP Change Addition CITY - ST - ZIP DELETE 61TITLE TITLE 6.2 NAME NAME

ly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 lemental annual report is true and accurate and that my signature shall have the same legal effect as if receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and the property with an address. 14. I do hereby certily that the information supplied with this filing is voluntal further certily that the information indicated on this annual report or supplied under oath, that I am an officer or director of the colo ANDY HEYGATE SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNATURE OF DIRECTOR

6 3 STREET ADDRESS

STREET ADDRESS

CR2E034