CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000080902 (8)

1. Corporation Name

SPORT LOGIX CORPORATION

ACCEPTED AND FILED

95 MAY -1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 2308 FT LAUDERDALE FL 33394	ONE FINANCIAL PLAZA SUITE 2308 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1993	3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-1549878	☐ 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

7. This corporation is a subsidiary of a corporation which is subject to the reporting requirements of Section 13(d) of the Securities Exchange Act of 1934 (Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALINSKY, JAY
ONE FINANCIAL PLAZA
SUITE 2308
FT LAUDERDALE FL 33394

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. Pursuant to the provisions of Section(s) 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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 am familiar with and accept the obligations of Section(s) 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE P NAME MARK OVERBYE STREET ADDRESS P.O. BOX 22146 CITY-ST-ZIP KNOXVILLE TN 37933	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is absolutely true and correct and 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 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 with an address.

SIGNATURE: Mark Overbye MARK OVERBYE 4/15/95 615.671.1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0241470 CP