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SECRETARY OF STATE FALLARASSEE, FLORIDA

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000014800

Corporation Name

NORTH AMERICAN SPORTS MANAGEMENT OF FLORIDA, INC.

•				
Principal Place of Business	Mailing Address			
1551 SANDSPUR ROAD	P.O. BOX 4961			
MAITLAND FL 32751	STE. 450			
บร	ORLANDO FL 32802-4961		DO NOT WRITE IN THIS	S SPACE
	US		3. Date Incorporated or Qualified	
			02/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3310325	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28	Countries	Trust Fond Contribution	Added to Fees
Zip Country	<b>Ζ</b> φ []	Country	8. This corporation owes the current year In	
24 25		30	Personal Property Tax  10. Name and Address of New Registered	[_] Yes
9. Name and Address of Curr	em Registered Agent	81 Name	to. Name and Address of New Registered	Agent
B & C CORPORATE SERVICES OF	CENTRAL FLORID	, maine		
390 N ORANGE AVE 1100		<b>62</b> Street Addr	ress (P.O. Box Number is Not Acceptable)	
, ORLANDO FL 32801		83		=
• • • • • • • • • • • • • • • • • • • •		00		
		84 City	<b>-</b> 1	85 Zip Code
44 8	500 - 4 607 4100 Ft 4 : 604 4-		FL	<b>-</b>
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	te of Florida, Such change was au	s, the above hamed corp Diorized by the corporati	on a bound of directors. Thereby accept the appo	r changing its registered intment as registered
agent I am familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes		
SIGNATURE		9	dwterner date, DAIL	
Signature typed of printed name of registered a 12. OFFICERS	AND DIRECTORS	Rejectedet Agent signature in verei. <b>1 13</b> .	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE DPST	[] DELFTE	11110	ADDITIONS/CHANGES TO OFFICERS A	[]Change []Addition
NAME GINSBURG, ALAN H	2., 500. 12	12 NAME		( ) = mily Elimonia
STREET ADDRESS 1551 SANDSPUR ROAD		13 STREET ADORESS		
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CITY-ST-ZIP MAJILAND FL 32/51	[ ] DELETE	2 f TilleF		[   Change   [   Addition
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1		23 STREET ADDRESS	500002858 -04/30/99	30 D = 008
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		33 STREET ADDRESS		
STREET ADDRESS				
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	E. Potte 12	4 2 NAME		Tronsings [Tronsings
NAME				
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NAME		53 STREET ADDRESS		
STREET ADDRESS				
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TITLE	[ ] DELETE			[ ] Change [ ] Add-tion
NAME	/	6.2 NAME		$\sim$
STREET ADDRESS	/	63 STREET LADORESS		$\mathcal{N}$
CITY-ST-ZIP	1	64 CHY-\$1-ZIP		117

14. Thereby certify that the information supplied with this filting 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 oath, that I am an officer or director of the corporation or the regular 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 attention with an address, with all other like empowered.

SIGNATURE:

4/22/19

407/741-8500