FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000024668 (3)**

1. Corporation Name

FLORIDA SPORTS NETWORK OF VENICE, INC.

Principal Place of Business	Mailing Address
1608 MAPLE ST NOKOMIS FL 34275	1608 MAPLE ST NOKOMIS FL 34275

2. Principal Place of Business
21 1608 MAPLE St.
Suite, Apt. #, etc.
22 NOKomis FL
City & State
23
Zip 24 34275 Country 25 U.S.A.

2a. Mailing Address
26 1608 MAPLE St.
Suite, Apt. #, etc.
27 /
City & State
28 NOKOMIS FL
Zip 29 34275 Country 30 U.S.A.

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0475167 ☐ 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

9. Name and Address of Current Registered Agent

GERTSCH, FRED W
1608 MAPLE ST
NOKOMIS FL 34275

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GERTSCH, FRED W	2 NAME	
STREET ADDRESS	1608 MAPLE ST	3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GERTSCH, RUTH A	2 NAME	
STREET ADDRESS	1608 MAPLE ST	3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 added to the report.

SIGNATURE: Ruth A. Gertsch 2-12-96 941-484-4729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth A. Gertsch