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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024668 (3)

FLORIDA SPORTS NETWORK OF VENICE, INC.

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			1 I MERLEREN 170 I HANT REIBLE HOTEN BOTTA BOTTE HANT WEREN WITH BREEF WITH BREEF FOR THE
1608 MAPLE STREET NOKOMIS FL 34275 US 1608 MAPLE STREET NOKOMIS FL 34275 US US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/28/1994
<u></u>	2a. Mailing Address			4. FEI Number Applied For
21 2	- 			65-0475167 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Required Fee Required
City & State			Election Campaign Financing \$5.00 May Be	
	28			Trust Fund Contribution Added to Fees
Zip Country	Zip	Country		This corporation owes or has paid the current year Intangible
24 25 2		30		Personal Property Tax due June 30. 🔀 Yes 🔲 No
9. Name and Address of Current Re	distered Agent		el se	10. Name and Address of New Registered Agent
GERTSCH, FRED W		8	1 Name	•
1608 MAPLE ST NOKOMIS FL 34275		8	2 Street	t Address (P.O. Box Number is Not Acceptable)
		8	3	
		8	1 City	85 Zip Code
11 Purcuant to the provisions of Castiana 607 0502 and	CO7 1500 Florida Ctatut		1	FL W C C C C C C C C C
office or registered agent, or both, in the State of Fl agent. I am familiar with, and accept the obligations	orida. Such change was a ori, Section 607.0505, Flo	es, the abo authorized t orida Statuti	by the cores.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent and			gent signatur	e required when reinstating) DATE
12. OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME GERTSCH, FRED W		1.2 NAME		
STREET ADDRESS 1608 MAPLE ST		1.3 STREE	T ADDRESS	
CITY-ST-ZIP NOKOMIS FL 34275	D Bei ett	1.4 CITY-		
TITLE D	☐ DELETE	2.1 TITLE		Change Addition
NAME GERTSCH, RUTH A		2.2 NAME		
STREET ADDRESS 1608 MAPLE ST		2.3 STREE	T ADDRESS	
CITY-ST-ZIP NOKOMIS FL 34275	Am	2. 4 CITY	ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS			T ADDRESS	
City-St-ZiP		3.4. CITY	ST-ZIP	
TIFLE	☐ DELETE	4.1 TATLE		☐ Change ☐ Addition
NAME		4. 2 NAME	į.	
STREET ADDRESS		4.3 STREE	T ADDRESS	
CITY-ST-ZIP		4.4 CITY-	ST-ZIP	
TITLE		■ C 4 TITLE		Change Addition
NAME	☐ DELETE	5.1 TITLE		
STREET ADDRESS	DELETE	5.1 HILE 5.2 NAME		
OTTAL TRUBELLES	DELETE	5.2 NAME	T ADDRESS	
CITY-SŢ-ZIP		5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS	
CITY-SI-ZIP TITLE	☐ DELETE	5.2 NAME 5.3 STREE	T ADDRESS	☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME		5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS	☐ Change ☐ Addition
CITY-SJ-ZIP TITLE		5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS	☐ Change ☐ Addition

Thereby define intermation supplied with his faing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the informatic indicated on this annual report or suppliemental 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

SIGNATURE:

1-28-98 941-4844729