

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027194

BAY AREA INDOOR SPORTS, INC.

APPROVED
AND
FILED

53 SEP 28 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9450 Lazy Lane
Tampa, FL 33614

Mailing Address
9501 Lazy Lane
Tampa, FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
April 7, 1994

| | | | |
|--------------------------------|-------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21. State | 26. Suite, Apt. #, etc. | 59-3233048 | Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation owes the current year Intangible Personal Property Tax | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

Ferrentino, David D.
First Union Center
100 S. Ashley Drive, Suite 2000
Tampa, FL 33602

10. Name and Address of New Registered Agent

81. Name
F. Townsend Hawkes
82. Street Address (P.O. Box Number is Not Acceptable)
215 South Monroe Street, Suite 500
83.
84. City
Tallahassee
85. Zip Code
FL 32301

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

F. Townsend Hawkes

F. Townsend Hawkes

September 28, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

12. COB
McCarron, Kevin P.
4201 Saltwater Boulevard
Tampa, FL 33615

[] DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 11. TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | McCarron, Kevin P. | |
| 13. STREET ADDRESS | 4201 Saltwater Boulevard | |
| 14. CITY-ST-ZIP | Tampa, FL 33615 | |
| 21. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | |
| 23. STREET ADDRESS | | |
| 24. CITY-ST-ZIP | | |
| 31. TITLE | | |
| 32. NAME | | |
| 33. STREET ADDRESS | | |
| 34. CITY-ST-ZIP | | |
| 41. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | | |
| 43. STREET ADDRESS | | |
| 44. CITY-ST-ZIP | | |
| 51. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | | |
| 53. STREET ADDRESS | | |
| 54. CITY-ST-ZIP | | |
| 61. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. CITY-ST-ZIP | | |

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14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin P. McCarron

Kevin P. McCarron

9/27/99

(813)931-2247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)