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 # P94000034145 (0)

SONIC SPORTS, INC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place	e of Busines	GS .	Mailing Address		
665 W WARR	EN AVE		217 N WESTMONTE OR S	SUITE 2012	
LONGWOOD FL 42276-			-ALTAMONTE SPRINGS EL	_32714	DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualified
					05/02/1994
2. Principal P	lace of Busi	ness	2a. Mailing Address		4. FEI Number Applied For
21			2a. Mailing Address 26 665 W. W	arren f	4) . 59-3247845 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	.44.		27		Fee Required
City & State	6		City & State	d FL	6. Election Campaign Financing \$5.00 May Be
[23]		Country	28 Longwood	T	Trust Fund Contribution
24 327	50	Country 25		Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
29 90 7	9. Name		rent Registered Agent	30 057	10. Name and Address of New Registered Agent
BENTLEY, WILLIAM C 81 Name					
ALE ALMONIA DO ALETE ANA					
ATAMONTE SPRINGS FL. 90744 82 Street Address (P.O. Box Number is Not Acceptable)					
rven		OF MANAGEMENT	•	63	
				B4 City	Longwood FL 52750
11. Pursuant t	to the provis	igns of Sections 607.0	0502 and 607.1508, Florida Statute	s, the above-named	
office or n	egisterethag m familiar w	gent, or both in the State of the ob	ate of Florida. Such change was at bligations of Section 607 0505. Flor	uthorized by the cor _l	od corporation submits this statement for the purpose of changing its registered or
	ľΧ	.Vk VVIII	mgations of, occitor our toops, Flor	nad Olaidios.	1) n l 90
SIGNATURE	Signature, lyped	or printed name of registered	agent and little if applicable. (NOTE	Registered Agent signature	ure required when reinstaling) DATE
12.		OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1	☐ DELETE	1.1 TITLE	Change Addition
NAME		Y, WILLIAM C		1.2 NAME	1.Cm . 1 . 1
STREET ADDRESS		<u>Westmonte dris</u> i		1.3 STREET ADDRESS	665 W. Warren Tue
CATY-ST-ZIP	ALTANK	ONTE OPRINGS FL		1.4 CITY - ST - ZIP	665 W. Warren Ave Longwood, FL 32750
TITLE			☐ DELETE	2.1 11112	Change L Addition
RAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	,
CITY-ST-ZIP	_		DELETE	2.4 CITY-ST-ZIP	Change Addition
TITLE			DECEN	3.1 TITLE	Li Change Li Adunton
NAME				3.2 NAME	
STREET ADORESS				3.3 STREET ADDRESS	'
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME			_ octen	4. 2 NAME	County Charles
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 City - ST - ZIP	
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-2IP				5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	Change Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY - ST - ZIP	
14. I hereby c	ertify that th	e information supplied	I with this filing does not qualify for	the exemption state	ited 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 received or trustee empower by 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 allaching with an additional statutes.					
Block 12 or Block 13 if changed, or on an all achir hit with an ad literal hit					