SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000045498 (0)**

1. Corporation Name

U S AMATEUR SPORTS, INC.

Principal Place of Business
10 WYNDHAM LN
PALM BEACH GARDENS FL 33418

Mailing Address
10 WYNDHAM LN
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: **06/14/1994**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21 3970 RCA BLVD., ~~SUITE 7010~~
Suite, Apt #, etc.
22 SUITE 7010
City & State
23 PALM BEACH GARDENS, FL
Zip 24 33410
Country 25 USA

2a. Mailing Address
26 3970 RCA BLVD.,
Suite, Apt #, etc.
27 SUITE 7010
City & State
28 PALM BEACH GARDENS, FL
Zip 29 33410
Country 30 USA

4. FEI Number: 65-0538051 — 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
PANAIA, DAVID
10 WYNDHAM LN
PALM BEACH GARDENS FL 33418

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 a new registered agent (Title, if applicable) — (Old) Registered Agent Signature (required if new registered agent) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	PANAIA, DAVID	
STREET ADDRESS	10 WYNDHAM LN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☐ Change ☒ Addition
1.2 NAME	BERGMAN, GERALD V.	
1.3 STREET ADDRESS	10692 HIDDEN LAKE CIRCLE	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	THOMAS, THOMAS J.	
2.3 STREET ADDRESS	3844 DOGWOOD CIRCLE	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald V. Bergman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/30/96 — Daytime Phone #: (561)622-4395

CR2E034 (3/96)