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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054896 (3)

ARENA MANAGEMENT GROUP, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3485 W. VINE STREET 3485 W. VINE STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3269832 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARENA, WALTER 3485 W VINE STREET 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 83 City Zip Code F 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE ___ Change ARENA, WALTER NAME 1.2 NAME 3485 W. VINE STREET STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME LUDLAN, LESLIE 2.2 NAME 3485 W VINE STREET STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY - ST- ZiP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE STD 3.1 TITLE LUDLAM, LESLIE NAME 3.2 NAME 3485 W WINE ST STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change __ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 charged, or on an attachment with an address.

SIGNATURE:

ON TO HERE PRESET

1-8-98

CTZTC34 (10/97)